

**OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLINA
RENEWAL OFFER PREMIUM NOTICE**

PA 15 84 08 13

Print Date:

Insured:

Producer:
Policy Number:
Due Date:

MINIMUM DUE:
POLICY BALANCE:

Make check payable and mail to:
Occidental Fire & Cas. Co. of NC
PO Box 13119
Scottsdale, AZ 85267-3119

Include the top portion of the renewal offer premium notice when mailing your payment. Please write your policy number on your check.

Policy Period:

PREMIUM:
M.G.A. FEE:
SERVICE FEE:
LATE FEE:
PAST DUE AMOUNT:
SR FEE:
POLICY FEE:
NSF FEE:
MINIMUM DUE:

AMOUNT DUE IF PAID IN FULL:

This RENEWAL OFFER is contingent upon receipt of payment. Changes processed on or after the date of mailing of this offer are not included in the premium shown on this offer.

Our records currently indicate the following drivers and vehicles are being insured by this policy. **IF YOU FAIL TO TELL US ABOUT OTHER DRIVERS OR VEHICLES, A CLAIM AFTER THIS DATE MAY BE DENIED.**

Insured Operators	DOB	Class	Points	SR22	Surcharges	Discounts

Insured Vehicles:	Vehicle Coverages						
	BI	PD	UM	PIP	COMP	COLL	RPC

to pay your bill online visit WWW.OCCIQUOTE.COM or CALL 800-233-1880

For additional details and options, please contact your agent.

PLEASE CALL YOUR AGENT IF YOU HAVE ANY QUESTIONS REGARDING THIS BILL or YOUR INSURANCE.

IF YOU HAVE MOVED AND IT IS NOT CONVENIENT TO CONTACT YOUR AGENT PLEASE COMPLETE THE FOLLOWING.

MY NEW ADDRESS IS: POLICY NUMBER: _____

STREET _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

COUNTY _____ RESIDENCE PHONE (____) _____

BUSINESS PHONE (____) _____

____ INSIDE CITY LIMITS ____ OUTSIDE CITY LIMITS ____ PERMANENT

____ TEMPORARY If temporary, how long do you expect to be at this address? _____

Do you plan to return your former permanent address? ____ YES ____ NO

SIGNATURE _____ DATE _____

AUTOMOBILE INSURANCE APPLICATION

Agent: _____ Customer Service: (800) 233-1880
 Claims Service: (800) 223-5994
 Online Service: www.occiquote.com

Applicant: _____ Policy #: _____
 Effective Date: _____, _____ AM or PM
 Phone: _____ Expiration Date: _____, 12:01 a.m.
 Email: _____

DRIVER INFORMATION						
LIST ALL MEMBERS OF THE HOUSEHOLD 15 YEARS AND OLDER AND ANY OTHER OPERATOR(S)						
Name	D/O/B	MS/G	License #	Date First Licensed	SR22: Case #/SS #	Driver Training Y/N

ACCIDENT/VIOLATION HISTORY	

VEHICLE INFORMATION			
Year/Make/Model	V.I.N.	Sym.	Lienholder/Additional Interest

COVERAGE SELECTIONS & PREMIUMS						
COVERAGES	VEHICLE 1	VEHICLE 2	VEHICLE 3			
Bodily Injury						
Optional BI						
Property Damage						
Personal Injury Protection						
Medical Payment						
Uninsured Coverage						
Underinsured Coverage						
Collision						
Waiver of Deductible						
Comprehensive						
Other than Collision						
Glass Coverage						
Road Protection						
Subtotal						

Total Policy Cost:	Policy Fee: \$25.00	SR22 Fee: \$0.00
	Down Payment:	Monthly Installments:

Veh	Terr	Class	Use	Pts.	Passive Restraint	Anti-Lock	Anti-Theft	Class 15 discount	Annual Mileage	Paid in Full	Unv. MVR	Special Risk
1												
2												
3												

Underwriting Questions	Y/N	Explanations
1. Have there been any Comprehensive or Personal Injury Protection claims in the past three years, not listed above?		
2. Has the named insured or any listed operators been convicted of vehicular homicide, auto related fraud, auto theft, or DUI of alcohol or drugs, not listed above?		
3. Is the named insured/registered owner excluded or not listed as a driver? If yes, please explain why.		
4. Do you presently owe any motor vehicle premium, payable in the last 12 months?		
5. Are there any household members, not listed on this policy, who currently have a license or permit but DO NOT have a Massachusetts personal automobile policy? If yes, they must be added to this policy as a driver or excluded.		
6. Are there any household members not listed on this policy but on another policy or have their own Massachusetts personal automobile policy? If yes, please provide their insurance carrier name and policy number.		
7. Is any auto used to transport (To or from work or school): A. Fellow employees, passengers or students, for a fee? B. Persons employed by you?		
8. Is any listed vehicle equipped with customized furnishings, equipment, or electronics that are permanently installed but not in locations used by the auto manufacturer for such equipment? If yes, custom equipment is not covered.		
9. Is any auto used or registered as a commercial vehicle? If yes, the vehicle(s) are unacceptable.		
10. Are any auto(s) to be insured, titled with a salvage title issued by the Mass Registry of Motor Vehicles? If yes, please indicate. (Salvage title vehicles are not eligible for Physical Damage Coverage)		
11. Does any auto listed on the policy have body/fender damage or broken/cracked glass? If yes, please list.		
12. Have you ever been insured with Occidental? If yes, please provide the prior policy number.		

NAMED DRIVER EXCLUSION

It is agreed that the person named below will not operate the vehicles(s) described below, or any replacement thereof, under any circumstances whatsoever.

Name & Date of Birth of Excluded Driver(s): _____

Vehicle Description: _____

I am aware that under the terms of my Massachusetts Automobile Insurance Policy, if I, or someone on my behalf, provides false, deceptive, misleading or incomplete information in any application or policy change request, and if such false, deceptive, misleading or incomplete information increases the company's risk of loss, the company may refuse to pay claims under any or all of the Optional Insurance Parts of this policy. Such information includes the description and the place of garaging of the vehicles to be insured, the names of all household members and customary operators required to be listed and then answers given for all listed operators. Payments under Compulsory Insurance Parts may also be limited to those amounts that the company is required to sell.

In addition, I am aware Massachusetts law requires that the company withhold payment of a Collision or Limited Collision loss if the insured auto is being operated by a household member who is not listed as an operator on my policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on my policy because the household member would be classified as an inexperienced operator or would required payment of additional premium on my policy under the Merit Rating Plan.

Applicant's Signature: _____

Date: _____

Excluded Operator's Signature: _____

Date: _____

NEVER BEEN LICENSED DRIVER STATEMENT

I declare that _____, a resident of my household who is of legal driving age, does not have a driver's license, whether valid, suspended or revoked, in any state.

Applicant's Signature: _____

Date: _____

INTERNET PAYMENT AUTHORIZATION & CUSTOMER RECEIPT

I authorize Occidental Fire & Casualty Company of North Carolina and/or its assigns, to use Electronic Funds Transfer (EFT), a bank draft, or my credit/debit card for an insurance premium payment across the Internet for the amount of \$_____.

This authorization applies to this one payment only. This payment is to be applied to policy #: _____.

Account Identification: _____

Payee Name

Payee Signature

Date

IMPORTANT NOTICE TO APPLICANT AND APPLICANT'S STATEMENT

I apply to the Company for a policy of insurance based upon the information I have supplied and the statements I have made herein. I agree that if such information is false, misleading, or would materially affect acceptance of the risk by the Company, or if the payment for this policy made by me or on my behalf (except by the agent or broker), is not honored by the payer (bank), coverage may be canceled.

I understand that if my premium check, intended to be the down payment or full payment, is returned unpaid by the bank, the policy will be null and void, with appropriate notification, and I will be subject to applicable fees.

If information developed by the Company indicates there should be a different classification or premium than indicated above, I authorize the Company to endorse or issue the policy to reflect the proper rate(s) and terms.

I declare that all the statements contained in this application are complete and true to the best of my knowledge as to this date. I understand that the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

Applicant's Signature: _____

Date: _____

The information contained in this application is as told to me by the applicant and is true and complete to the best of my knowledge.

Brokering Agent's Signature: _____

Date: _____

Print/Type Brokering Agent's Name: _____

Massachusetts License #: _____

SIX-MONTH TERM POLICY NOTIFICATION

You are electing to purchase a six-month term policy with Occidental Fire & Casualty Company of North Carolina. A six-month term policy is shorter than a twelve-month policy; a six-month term policy will have a premium that is half as much as a twelve-month term policy. Approximately 30 days before the policy expiration date, the Company will send a renewal offer classified and rated in accordance with the underwriting and rate guide in use at the time of renewal.

This notification does not limit the terms and conditions of coverage provided under this policy in any other manner.



Occidental Fire & Casualty Company of North Carolina

PO Box 13119, Scottsdale, AZ 85267-3119

Installment Bill

Due Date:
Minimum Due:
(Including Fees & Past Due Amounts)

Remaining Balance:
Policy #:
Policy Period:

Agent Name & Phone #:

Include the above portion of this premium notice when mailing payment. Please write your policy number on your check.

Policy #

Premium Due:
Service Fee:
Late Fee:
NSF Fee:
Past Due Amount:

PAYMENT OPTIONS

- Pay online at: www.occiquote.com
- Call 800-233-1880 (7am to 4pm Mountain Standard Time, Monday through Friday)
- Mail payment to: *Occidental Fire & Cas. PO Box 13119, Scottsdale, AZ 85267*

This installment bill does **not** replace any other bill or cancellation notice(s).
This bill **does not** guarantee that a payment will reinstate your policy if it has cancelled.

For questions or changes to your policy, please contact your Agent at:



Occidental Fire & Casualty Company of North Carolina

PO Box 13119, Scottsdale, AZ 85267-3119

PAYMENT TIPS

To avoid delays or cancellation of your policy:

- Pay online at: www.occiquote.com
- Call 800-233-1880 (7am to 4pm Mountain Standard Time, Monday through Friday)
- Mail your payment to: *Occidental Fire & Casualty Company of North Carolina
P.O. Box 13119
Scottsdale, AZ 85267-3119*
- Always include the return portion of your notice when mailing a payment.
- Write your policy number on your check.
- Allow additional time for mailed payments.
- Avoid extra charges - make your payment on time.
- If your bank does not honor your check, both the bank and the insurance company will charge you fees for the additional handling.
- Dishonored checks can hurt your credit rating.

Please contact your agent with questions or changes to your policy.

AUTOMOBILE POLICY DECLARATIONS

Policy Number:
Policy Period:
Effective:
Reason for Issuance:

OCCIDENTAL FIRE & CASUALTY
COMPANY OF NORTH CAROLINA

Named Insured:

Producer:

Telephone:

COVERAGES	PREMIUMS		
	VEHICLE 1	VEHICLE 2	VEHICLE 3
COMPULSORY INSURANCE			
PART 1 – BODILY INJURY TO OTHERS EACH PERSON/OCCURRENCE			
PART 2 – PERSONAL INJURY PROTECTION DEDUCTIBLE			
PART 3 – BODILY INJURY BY AN UNINSURED MOTORIST EACH PERSON/OCCURRENCE			
PART 4 – DAMAGE TO SOMEONE ELSE'S PROPERTY EACH OCCURRENCE			
OPTIONAL INSURANCE			
PART 5 – OPTIONAL BODILY INJURY TO OTHERS EACH PERSON/OCCURRENCE			
PART 6 – MEDICAL PAYMENTS EACH OCCURRENCE			
PART 7 – COLLISION	VEH 1	VEH 2	VEH 3
DEDUCTIBLE	\$	\$	\$
WAIVER OF DEDUCTIBLE			
PART 8 – LIMITED COLLISION	VEH 1	VEH 2	VEH 3
DEDUCTIBLE	\$	\$	\$
PART 9 – COMPREHENSIVE	VEH 1	VEH 2	VEH 3
DEDUCTIBLE	\$	\$	\$
PART 12 – BODILY INJURY BY AN UNDERINSURED AUTO EACH PERSON/OCCURRENCE			
GLASS COVERAGE	VEH 1	VEH 2	VEH 3
DEDUCTIBLE	\$	\$	\$
ROAD PROTECTION COVERAGE (RPC) – COST PER POLICY			
Should YOU have any inquiries concerning this policy or assistance is needed please call your Producer at:		Policy Fee: SR Fee:	
		TOTAL POLICY PREMIUM:	

AUTOMOBILE POLICY DECLARATIONS

Policy Number:
Policy Period:
Effective:

OCCIDENTAL FIRE & CASUALTY
COMPANY OF NORTH CAROLINA

COVERED VEHICLE(S):

VEHICLE 1:

Year Sym Description

Vehicle ID Number:

Driver: Terr:

Garage Location:

Loss Payee/Lessor:

VEHICLE 2:

Year Sym Description

Vehicle ID Number:

Driver: Terr:

Garage Location:

Loss Payee/Lessor:

VEHICLE 3:

Year Sym Description

Vehicle ID Number:

Driver: Terr:

Garage Location:

Loss Payee/Lessor:

DRIVER(S) LISTED ON THIS POLICY:

DRV	Driver Name	DOB	Sex	MS	Drv Lic	SR-22	Driver Pts
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- 1.
- 2.
- 3.

EXCLUDED DRIVERS:

POLICY ENDORSEMENTS: (FORMS, ENDORSEMENTS, AND EXCEPTIONS TO CONDITIONS APPLYING TO THIS POLICY ARE SHOWN BELOW)	DISCOUNTS / SURCHARGES:

COUNTERSIGNED: DATE: BY: _____
Authorized Representative

Occidental Fire & Casualty Company of North Carolina

*** LEGAL NOTICE OF NON-RENEWAL *** Massachusetts

Insured:
Address:

Agent Name:
Agent Number:

Date of Mailing:

Policy Expiration Date: , 12:01am

Policy#:

Vehicle Year	Vehicle Make	Vehicle Model	V.I.N.
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You are hereby notified in compliance with the terms and conditions of your insurance policy and according to the law that your insurance policy will terminate/expire on the Notice Effective Date listed above.

Massachusetts Law provides that no insurance company shall refuse to renew a motor vehicle liability policy based on the ownership or operation of a motor vehicle because of age, sex, race, occupation, marital status or principal place of garaging of the vehicle.

Your policy is being non-renewed due to:

IMPORTANT NOTICE TO POLICYHOLDERS

You must have compulsory motor vehicle insurance in order to keep your motor vehicle registered in Massachusetts. We have notified the Registrar of Motor Vehicles and you of our intent to non-renew your motor vehicle insurance policy.

You must replace your policy as soon as possible. The Registrar of Motor Vehicles will cancel your motor vehicle registration if it does not receive a new certificate of insurance covering your motor vehicle before your current policy expires. You may contact an insurance company directly, or work with a licensed insurance agent to obtain new insurance from a company that the insurance agent represents.

If no insurance company is willing to insure you, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply to the plan. If you apply for insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the insurance coverage that was not renewed.

This notice shall not be deemed a refusal under Section 113D of chapter 175 of the General Laws of the commonwealth of Massachusetts to issue a motor vehicle liability policy or to execute a motor vehicle liability.

This notice does not replace any other previous non-renewal notice(s) which may have been sent.

Occidental Fire & Casualty Company of North Carolina
PO Box 13119, Scottsdale, AZ 85267

By: Steven Andrews
Authorized Representative

OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLINA
PO BOX 13119, SCOTTSDALE, AZ 85267

LEGAL NOTICE OF CANCELLATION
Massachusetts

Insured:
Address:

Agent Name:
Agent Number:

Date of Notice:

Effective Date of Cancellation: , 12:01am

Policy#:

Vehicle Year	Vehicle Make	Vehicle Model	V.I.N.
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Specific Reason(s) for Cancellation (Company must specify the particular reason(s) and must state the substance of the matter(s) relied on for cancellation):

You are hereby notified that the Massachusetts Motor Vehicle Liability Policy, herein designated, issued to you by the above company is hereby cancelled in accordance with its terms, such cancellation to become effective at 12:01 A.M. on the effective date of cancellation stated above.

Section 113A of Chapter 175 of the General Laws, as amended, requires 20 days advance written notice of cancellation.

The Premiums earned on this policy to the effective date of cancellation will be adjusted to accordance with the terms of the policy.

In accordance with the provisions of Section 113A of Chapter 175 of the General Laws, as amended, notice of this cancellation will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancellation stated above.

This cancellation notice does not replace any other previous cancellation notice(s) which may have been sent.

By: Steven Andrews
Authorized Representative

IMPORTANT NOTICE: Please read carefully the information below which outlines your legal rights under the compulsory insurance law relative to this cancellation.

INFORMATION ABOUT MINIMUM INSURANCE REQUIREMENTS

Massachusetts law requires that every motor vehicle registered in Massachusetts carry minimum motor vehicle liability insurance. The Registrar of Motor Vehicles will revoke your registration and license plates on the effective date of cancellation shown in this notice unless:

1. You reinstate your required minimum motor vehicle insurance; or
2. Before the date of cancellation shown in this notice you obtain minimum motor vehicle insurance from another Insurance company. The new insurance company must notify the Registrar before the date of cancellation in this notice that it has insured your motor vehicle.

If you are unable to obtain motor vehicle insurance from another insurance company, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply for motor vehicle insurance through the plan. If you apply for motor vehicle insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the coverage that was not renewed; or

3. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at www.mass.gov/doi or can be obtained by calling the Division's Consumer Service Section at 617-521-7777.

Unless one of the three above actions occurs, the registration for your motor vehicle will be revoked on the effective date of cancellation shown in this notice.

**OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLINA
PO BOX 13119, SCOTTSDALE, AZ 85267**

**LEGAL NOTICE OF CANCELLATION FOR NON-PAYMENT
(Massachusetts)**

Insured:
Address:

Agent Name:
Agent Number:

Date of Notice:

Effective Date of Cancellation: , 12:01 am

Policy#:

AMOUNT DUE: \$

Vehicle Year

Vehicle Make

Vehicle Model

V.I.N.

Specific Reason(s) for Cancellation (Company must specify the particular reason(s) and must state the substance of the matter(s) relied on for cancellation):

You are hereby notified that the Massachusetts Motor Vehicle Liability Policy, herein designated, issued to you by the above company is hereby cancelled in accordance with its terms, such cancellation to become effective at 12:01 A.M. on the effective date of cancellation stated above.

Section 113A of Chapter 175 of the General Laws, as amended, requires 20 days advance written notice of cancellation.

The Premiums earned on this policy to the effective date of cancellation will be adjusted to accordance with the terms of the policy.

In accordance with the provisions of Section 113A of Chapter 175 of the General Laws, as amended, notice of this cancellation will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancellation stated above.

This cancellation notice does not replace any other previous cancellation notice(s) which may have been sent.

This cancellation will not take effect if the full amount due shown above is paid on or prior to the effective date of cancellation.

By: Steven Andrews
Authorized Representative

IMPORTANT NOTICE: Please read carefully the information below which outlines your legal rights under the compulsory insurance law relative to this cancellation.

INFORMATION ABOUT MINIMUM INSURANCE REQUIREMENTS

Massachusetts law requires that every motor vehicle registered in Massachusetts carry minimum motor vehicle liability insurance. The Registrar of Motor Vehicles will revoke your registration and license plates on the effective date of cancellation shown in this notice unless:

1. You reinstate your required minimum motor vehicle insurance; or
2. Before the date of cancellation shown in this notice you obtain minimum motor vehicle insurance from another Insurance company. The new insurance company must notify the Registrar before the date of cancellation in this notice that it has insured your motor vehicle.
3. If you are unable to obtain motor vehicle insurance from another insurance company, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply for motor vehicle insurance through the plan. If you apply for motor vehicle insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the coverage that was not renewed; or
4. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at www.mass.gov/doi or can be obtained by calling the Division's Consumer Service Section at 617-521-7777.

Unless one of the three above actions occurs, the registration for your motor vehicle will be revoked on the effective date of cancellation shown in this notice.



Occidental Fire & Casualty Company
 PO Box 13119, Scottsdale, AZ 85267-3119

Installment Bill

Due Date:
 Minimum Due:
 (Including Fees & Past Due Amounts)

Remaining Balance:
 Policy #:
 Policy Period:

Agent Name & Phone #:

~~**THANK YOU FOR YOUR PAYMENT.**~~

Include this portion of the premium notice when mailing payment. Please write your policy number on your check.

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Policy #
 Premium Due:
 Service Fee:
 Late Fee:
 NSF Fee:
 Other Fee:
 Past Due Amount:

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PAYMENT OPTIONS

- Pay online at: www.occiquote.com
- Call 800-233-1880 (7am to 4pm Mountain Standard Time, Monday through Friday)
- Mail payment to: *Occidental Fire & Cas. PO Box 13119, Scottsdale, AZ 85267*

This installment bill does **not** replace any other bill or cancellation notice(s).
 This bill **does not** guarantee that a payment will reinstate your policy if it has cancelled.

For questions or changes to your policy, please contact your Agent at:

~~online payments: www.occiquote.com~~

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PAYMENT TIPS

- Pay online with check, debit card, Visa or MasterCard at:

www.occiquote.com

- Call 800-233-1880 (7am to 4pm Mountain Standard Time, Monday through Friday)
- Mail payment to: *Occidental Fire & Cas. PO Box 13119, Scottsdale, AZ 85267*

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- Call 800-233-1880 (7am to 4pm Mountain Standard Time, Monday through Friday)
- Always include the return portion of your notice when mailing a payment
- Write your policy number on your check
- Allow additional time for mailed payments
- Avoid extra charges – make your payment on time.
- If your bank does not honor your check, both the bank and the insurance company will charge you fees for the additional handling.
- Dishonored checks can hurt your credit rating.
- Mail your payment to: *Occidental Fire & Casualty
 P.O. Box 13119
 Scottsdale, AZ 85267-3119*

~~Avoid extra charges – make your payment on time. If your bank does not honor your check, both the bank and the insurance company will charge you fees for the additional handling. Dishonored checks can hurt your credit rating.~~

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Please contact your agent with questions or changes to your policy.

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OCcidental FIRE & CASUALTY COMPANY OF NORTH CAROLINA

RENEWAL OFFER PREMIUM NOTICE

PA 15 84 08 13

Policy Number:

Producer:

Print Date:

Insured:

Policy Number:

Due Date:

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MINIMUM DUE:

POLICY BALANCE:

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Make check payable and mail to:

Occidental Fire & Cas. Co. of NC

PO Box 13119

Scottsdale, AZ 85267-3119

Include the top portion of the renewal offer premium notice when mailing your payment. Please write your policy number on your check.

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Policy Period:

PREMIUM:

M.G.A. FEE:

SERVICE FEE:

LATE FEE:

PAST DUE AMOUNT:

SR FEE:

POLICY FEE:

NSF FEE:

MINIMUM DUE:

AMOUNT DUE IF PAID IN FULL:

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Print Date: Thank you for your payment. Return this bill with your payment. ¶

Producer: ¶ Policy Number: ¶ Due Date: ¶

MINIMUM DUE: ¶ POLICY BALANCE: ¶ visit WWW.OCCIQUOTE.COM to pay your bill online or CALL 800-233-1880

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Insured Operators	DOB	Class	Points	SR22	Surcharges	Discounts

Insured Vehicles:	Vehicle Coverages						
	BI	PD	UM	PIP	COMP	COLL	RPC

to pay your bill online visit WWW.OCCIQUOTE.COM or CALL 800-233-1880

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For additional details and options, please contact your agent.

PLEASE CALL YOUR AGENT IF YOU HAVE ANY QUESTIONS REGARDING THIS BILL or YOUR INSURANCE.
IF YOU HAVE MOVED AND IT IS NOT CONVENIENT TO CONTACT YOUR AGENT PLEASE COMPLETE THE FOLLOWING.

MY NEW ADDRESS IS: POLICY NUMBER: _____
STREET _____ APT # _____
CITY _____ STATE _____ ZIP CODE _____
COUNTY _____ RESIDENCE PHONE (____) _____
BUSINESS PHONE (____) _____
____ INSIDE CITY LIMITS ____ OUTSIDE CITY LIMITS ____ PERMANENT
____ TEMPORARY If temporary, how long do you expect to be at this address? _____
Do you plan to return your former permanent address? ____ YES ____ NO

SIGNATURE _____ DATE _____

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Occidental Fire & Casualty Company
***** LEGAL NOTICE OF NON-RENEWAL *****
Massachusetts

Insured:
Address:

Agent Name:
Agent Number:
~~Phone Number:~~

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Date of Mailing:

~~Policy#:~~

Policy Expiration Date: , 12:01am

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~~Vehicle Year Vehicle Make Vehicle Model V.I.N.~~

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¶
Vehicle Year #2: . . . Vehicle Make #2: . . . V.I.N. #2:¶
¶
Vehicle Year #3: . . . Vehicle Make #3: . . . V.I.N. #3:

You are hereby notified in compliance with the terms and conditions of your insurance policy and according to the law that your insurance policy will terminate/expire on the Notice Effective Date listed above.

Massachusetts Law provides that no insurance company shall refuse to renew a motor vehicle liability policy based on the ownership or operation of a motor vehicle because of age, sex, race, occupation, marital status or principal place of garaging of the vehicle.

Your policy is being ~~cancelled or~~ non-renewed due to:

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IMPORTANT NOTICE TO POLICYHOLDERS

You must have compulsory motor vehicle insurance in order to keep your motor vehicle registered in Massachusetts. We have notified the Registrar of Motor Vehicles and you of our intent to non-renew your motor vehicle insurance policy.

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You must replace your policy as soon as possible. The Registrar of Motor Vehicles will cancel your motor vehicle registration if it does not receive a new certificate of insurance covering your motor vehicle before your current policy expires. You may contact an insurance company directly, or work with a licensed insurance agent to obtain new insurance from a company that the insurance agent represents.

If no insurance company is willing to insure you, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply to the plan. If you apply for insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the insurance coverage that was not renewed.

This notice shall not be deemed a refusal under Section 113D of chapter 175 of the General Laws of the commonwealth of Massachusetts to issue a motor vehicle liability policy or to execute a motor vehicle liability

[This notice does not replace any other previous cancellation notice\(s\) which may have been sent.](#)

Occidental Fire & Casualty Company
PO Box 13119, Scottsdale, AZ 85267

[Steven Andrews](#)
Company Representative

Deleted: Jeffrey L. Ellis

PA 16 02 [08 13](#)

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**Occidental Fire & Casualty Company
PO BOX 13119, SCOTTSDALE, AZ 85267**

**LEGAL NOTICE OF CANCELLATION
Massachusetts**

Insured:
Address:

Agent Name:
Agent Number:
~~Phone Number:~~

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Date of Notice:

~~Policy#:~~

Effective date of Cancellation: 12:01am

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~~Policy#:~~

Deleted: Vehicle Year/Make/Model: . . . Vehicle Year/Make/Model:
V.I.N. # 1: V.I.N. # 2: V.I.N. #3:

Vehicle Year Vehicle Make Vehicle Model V.I.N.

Specific Reason(s) for Cancellation (Company must specify the particular reason(s) and must state the substance of the matter(s) relied on for cancellation):

[NON-PAYMENT OF INSURANCE PREMIUM FOR THE POLICY IDENTIFIED ABOVE.]

You are hereby notified that the Massachusetts Motor Vehicle Liability Policy, herein designated, issued to you by the above company is hereby cancelled in accordance with its terms, such cancellation to become effective at 12:01 A.M. on the effective date of cancellation stated above.

Section 113A of Chapter 175 of the General Laws, as amended, requires 20 days advance written notice of cancellation.

The Premiums earned on this policy to the effective date of cancellation will be adjusted to accordance with the terms of the policy.

In accordance with the provisions of Section 113A of Chapter 175 of the General Laws, as amended, notice of this cancellation will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancellation stated above.

This Cancellation notice does not replace any other previous cancellation notice(s) which may have been sent.

By: Steven Andrews
Authorized Representative

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PA 16 03 08 13

1 of 2

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IMPORTANT NOTICE: Please read carefully the information below which outlines your legal rights under the compulsory insurance law relative to this cancellation.

INFORMATION ABOUT MINIMUM INSURANCE REQUIREMENTS

Massachusetts law requires that every motor vehicle registered in Massachusetts carry minimum motor vehicle liability insurance. The Registrar of Motor Vehicles will revoke your registration and license plates on the effective date of cancellation shown in this notice unless:

1. You reinstate your required minimum motor vehicle insurance; or
2. Before the date of cancellation shown in this notice you obtain minimum motor vehicle insurance from another Insurance company. The new insurance company must notify the Registrar before the date of cancellation in this notice that it has insured your motor vehicle.

If you are unable to obtain motor vehicle insurance from another insurance company, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply for motor vehicle insurance through the plan. If you apply for motor vehicle insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the coverage that was not renewed; or

3. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at www.mass.gov/doi or can be obtained by calling the Division's Consumer Service Section at 617-521-7777.

Unless one of the three above actions occurs, the registration for your motor vehicle will be revoked on the effective date of cancellation shown in this notice.

Occidental Fire & Casualty Company
PO BOX 13119, SCOTTSDALE, AZ 85267

LEGAL NOTICE OF CANCELLATION FOR NON-PAYMENT
Massachusetts

Insured:
Address:

Agent Name:
Agent Number:
~~Phone Number:~~

Formatted: Strikethrough

Date of Notice:

Policy#:

Effective date of Cancellation: , 12:01am

AMOUNT DUE: \$

~~Vehicle Year Vehicle Make Vehicle Model V.I.N.~~

Deleted: Vehicle Year/Make/Model: . . . Vehicle Year/Make/Model: . . . Vehicle Year/Make/Model: . . .
V.I.N. # 1: . . . V.I.N. # 2: . . . V.I.N. # 3:

Specific Reason(s) for Cancellation (Company must specify the particular reason(s) and must state the substance of the matter(s) relied on for cancellation):

[NON-PAYMENT OF INSURANCE PREMIUM FOR THE POLICY IDENTIFIED ABOVE.

You are hereby notified that the Massachusetts Motor Vehicle Liability Policy, herein designated, issued to you by the above company is hereby cancelled in accordance with its terms, such cancellation to become effective at 12:01 A.M. on the effective date of cancellation stated above.

Section 113A of Chapter 175 of the General Laws, as amended, requires 20 days advance written notice of cancellation.

The Premiums earned on this policy to the effective date of cancellation will be adjusted to accordance with the terms of the policy.

In accordance with the provisions of Section 113A of Chapter 175 of the General Laws, as amended, notice of this cancellation will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancellation stated above.

This cancellation notice does not replace any other previous cancellations notices(s) which may have been sent.

[This cancellation will not take effect if the full amount due shown above is paid on or prior to the effective date of cancellation.]

By: Steven Andrews
Authorized Representative

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PA 16 04 08 13

1 of 2

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IMPORTANT NOTICE: Please read carefully the information below which outlines your legal rights under the compulsory insurance law relative to this cancellation.

INFORMATION ABOUT MINIMUM INSURANCE REQUIREMENTS

Massachusetts law requires that every motor vehicle registered in Massachusetts carry minimum motor vehicle liability insurance. The Registrar of Motor Vehicles will revoke your registration and license plates on the effective date of cancellation shown in this notice unless:

1. You reinstate your required minimum motor vehicle insurance; or
2. Before the date of cancellation shown in this notice you obtain minimum motor vehicle insurance from another insurance company. The new insurance company must notify the Registrar before the date of cancellation in this notice that it has insured your motor vehicle.

If you are unable to obtain motor vehicle insurance from another insurance company, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply for motor vehicle insurance through the plan. If you apply for motor vehicle insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the coverage that was not renewed; or

3. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at www.mass.gov/doi or can be obtained by calling the Division's Consumer Service Section at 617-521-7777.

Unless one of the three above actions occurs, the registration for your motor vehicle will be revoked on the effective date of cancellation shown in this notice.

AUTOMOBILE INSURANCE APPLICATION

Agent: _____ Customer Service: (800) 233-1880
 Claims Service: (800) 223-5994
 Online Service: www.occiquote.com

Applicant: _____ Policy #: _____
 Effective Date: _____, _____ AM or PM
 Expiration Date: _____, 12:01 a.m.
 Phone: _____
 Email: _____

DRIVER INFORMATION						
LIST ALL MEMBERS OF THE HOUSEHOLD 15 YEARS AND OLDER AND ANY OTHER OPERATOR(S)						
Name	D/O/B	MS/G	License #	Date First Licensed	SR22: Case #/SS #	Driver Training Y/N

ACCIDENT/VIOLATION HISTORY	

VEHICLE INFORMATION			
Year/Make/Model	V.I.N.	Sym.	Lienholder/Additional Interest

COVERAGE SELECTIONS & PREMIUMS						
COVERAGES	VEHICLE 1	VEHICLE 2	VEHICLE 3			
Bodily Injury						
Optional BI						
Property Damage						
Personal Injury Protection						
Medical Payment						
Uninsured Coverage						
Underinsured Coverage						
Collision						
<i>Waiver of Deductible</i>						
Comprehensive						
Other than Collision						
Glass Coverage						
Road Protection						
Subtotal						

	Policy Fee: \$25.00	SR22 Fee: \$0.00
Total Policy Cost:	Down Payment:	Monthly Installments:

Veh	Terr	Class	Use	Pts.	Passive Restraint	Anti-Lock	Anti-Theft	Class 15 discount	Annual Mileage	Paid in Full	Unv. MVR	Special Risk
1												
2												
3												

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Underwriting Questions	Y/N	Explanations
1. Have there been any Comprehensive or Personal Injury Protection claims in the past three years, not listed above?		
2. Has the named insured or any listed operators been convicted of vehicular homicide, auto related fraud, auto theft, or DUI of alcohol or drugs, not listed above?		
3. Is the named insured/registered owner excluded or not listed as a driver? If yes, please explain why.		
4. Do you presently owe any motor vehicle premium, payable in the last 12 months?		
5. Are there any household members, not listed on this policy, who currently have a license or permit but DO NOT have a Massachusetts personal automobile policy? If yes, they must be added to this policy as a driver or excluded.		
6. Are there any household members not listed on this policy but on another policy or have their own Massachusetts personal automobile policy? If yes, please provide their insurance carrier name and policy number.		
7. Is any auto used to transport (To or from work or school): A. Fellow employees, passengers or students, for a fee? B. Persons employed by you?		
8. Is any listed vehicle equipped with customized furnishings, equipment, or electronics that are permanently installed but not in locations used by the auto manufacturer for such equipment? If yes, custom equipment is not covered.		
9. Is any auto used or registered as a commercial vehicle? If yes, the vehicle(s) are unacceptable.		
10. Are any auto(s) to be insured, titled with a salvage title issued by the Mass Registry of Motor Vehicles? If yes, please indicate. (Salvage title vehicles are not eligible for Physical Damage Coverage)		
11. Does any auto listed on the policy have body/fender damage or broken/cracked glass? If yes, please list.		
12. <u>Have you ever been insured with Occidental? If yes, please provide the prior policy number.</u>		

NAMED DRIVER EXCLUSION

It is agreed that the person named below will not operate the vehicles(s) described below, or any replacement thereof, under any circumstances whatsoever.

Name & Date of Birth of Excluded Driver(s): _____

Vehicle Description: _____

I am aware that under the terms of my Massachusetts Automobile Insurance Policy, if I, or someone on my behalf, provides false, deceptive, misleading or incomplete information in any application or policy change request, and if such false, deceptive, misleading or incomplete information increases the company's risk of loss, the company may refuse to pay claims under any or all of the Optional Insurance Parts of this policy. Such information includes the description and the place of garaging of the vehicles to be insured, the names of all household members and customary operators required to be listed and then answers given for all listed operators. Payments under Compulsory Insurance Parts may also be limited to those amounts that the company is required to sell.

In addition, I am aware Massachusetts law requires that the company withhold payment of a Collision or Limited Collision loss if the insured auto is being operated by a household member who is not listed as an operator on my policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on my policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on my policy under the Merit Rating Plan.

Applicant's Signature: _____ Date: _____

Excluded Operator's Signature: _____ Date: _____

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NEVER BEEN LICENSED DRIVER STATEMENT

I declare that _____, a resident of my household who is of legal driving age, does not have a driver's license, whether valid, suspended or revoked, in any state.

Applicant's Signature: _____

Date: _____

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INTERNET PAYMENT AUTHORIZATION & CUSTOMER RECEIPT

I authorize Occidental Fire & Casualty Company of North Carolina and/or its assigns, to use Electronic Funds Transfer (EFT), a bank draft, or my credit/debit card for an insurance premium payment across the Internet for the amount of \$_____.

This authorization applies to this one payment only. This payment is to be applied to policy #: _____.

Account Identification: _____

Payee Name _____

Payee Signature _____

Date _____

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¶

IMPORTANT NOTICE TO APPLICANT AND APPLICANT'S STATEMENT

I apply to the Company for a policy of insurance based upon the information I have supplied and the statements I have made herein. I agree that if such information is false, misleading, or would materially affect acceptance of the risk by the Company, or if the payment for this policy made by me or on my behalf (except by the agent or broker), is not honored by the payer (bank), coverage may be canceled.

I understand that if my premium check, intended to be the down payment or full payment, is returned unpaid by the bank, the policy will be null and void, with appropriate notification, and I will be subject to applicable fees.

If information developed by the Company indicates there should be a different classification or premium than indicated above, I authorize the Company to endorse or issue the policy to reflect the proper rate(s) and terms.

I declare that all the statements contained in this application are complete and true to the best of my knowledge as to this date. I understand that the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

Applicant's Signature: _____

Date: _____

The information contained in this application is as told to me by the applicant and is true and complete to the best of my knowledge.

Brokering Agent's Signature: _____

Date: _____

Print/Type Brokering Agent's Name: _____

Massachusetts License #: _____

SIX-MONTH TERM POLICY NOTIFICATION

You are electing to purchase a six-month term policy with Occidental Fire & Casualty Co. A six-month term policy is shorter than a twelve-month policy; a six-month term policy will have a premium that is half as much as a twelve-month term policy. Approximately 30 days before the policy expiration date, the Company will send a renewal offer classified and rated in accordance with the underwriting and rate guide in use at the time of renewal.

This notification does not limit the terms and conditions of coverage provided under this policy in any other manner.

(PA 16 17 01 10)

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I declare that _____, a resident of my household who is of legal driving age, does not have a driver's license, whether valid, suspended or revoked, in any state.

Applicant's Signature:

Date:

AUTOMOBILE POLICY DECLARATIONS

Policy Number:
Policy Period:
Effective:

Representing
OCCIDENTAL FIRE & CASUALTY
COMPANY OF NORTH CAROLINA

COVERED VEHICLE(S):

VEHICLE 1:

Year Sym Description

Vehicle ID Number:

~~Registration Plate Number:~~

Driver: Terr:

Garage Location:

Loss Payee/Lessor:

VEHICLE 2:

Year Sym Description

Vehicle ID Number:

~~Registration Plate Number:~~

Driver: Terr:

Garage Location:

Loss Payee/Lessor:

VEHICLE 3:

Year Sym Description

Vehicle ID Number:

~~Registration Plate Number:~~

Driver: Terr:

Garage Location:

Loss Payee/Lessor:

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DRIVER(S) LISTED ON THIS POLICY:

DRV	Driver Name	DOB	Sex	MS	Drv Lic	SR-22	Driver Pts
-----	-------------	-----	-----	----	---------	-------	---------------

1.

2.

3.

EXCLUDED DRIVERS:

POLICY ENDORSEMENTS: (FORMS, ENDORSEMENTS, AND EXCEPTIONS TO CONDITIONS APPLYING TO THIS POLICY ARE SHOWN BELOW)	DISCOUNTS / SURCHARGES:
COUNTERSIGNED: _____	DATE: _____ BY: Authorized Representative

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AUTOMOBILE INSURANCE APPLICATION

Agent: Customer Service: (800) 233-1880
 Claims Service: (800) 223-5994
 Online Service: www.occiquote.com

Applicant: Policy #:
 Effective Date: _____, ____ AM or PM
 Expiration Date: _____, 12:01 a.m.
 Phone:
 Email:

DRIVER INFORMATION						
LIST ALL MEMBERS OF THE HOUSEHOLD 15 YEARS AND OLDER AND ANY OTHER OPERATOR(S)						
Name	D/O/B	MS/G	License #	Date First Licensed	SR22: Case #/SS #	Driver Training Y/N

ACCIDENT/VIOLATION HISTORY	
LIST ALL ACCIDENTS/VIOLATIONS DURING THE LAST 6 YEARS	

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VEHICLE INFORMATION			
Year/Make/Model	V.I.N.	Sym.	Lienholder/Additional Interest

COVERAGE SELECTIONS & PREMIUMS				
COVERAGES	VEHICLE 1	VEHICLE 2	VEHICLE 3	
Bodily Injury				
Optional BI				
Property Damage				
Personal Injury Protection				
Medical Payment				
Uninsured Coverage				
Underinsured Coverage				
Collision				
Waiver of Deductible				
Comprehensive				
Other than Collision				
Glass Coverage				
Road Protection				
Subtotal				

	Policy Fee: \$25.00	SR22 Fee: \$0.00
Total Policy Cost:	Down Payment:	Monthly Installments:

Veh	Terr	Class	Use	Pts.	Passive Restraint	Anti-Lock	Anti-Theft	Class 15 discount	Annual Mileage	Paid in Full	Unv. MVR	Special Risk
1												
2												
3												

Underwriting Questions	Y/N	Explanations
1. Are there any accidents or violations in the past 6 years not disclosed or listed above, for all drivers?		
2. Have there been any Comprehensive or Personal Injury Protection claims in the past three years, not listed above?		
3. Has the named insured or any listed operators been convicted of vehicular homicide, auto related fraud, auto theft, or DUI of alcohol or drugs, not listed above?		
4. Do you presently owe any motor vehicle premium, payable in the last 12 months?		
5. Are there any household members, not listed on this policy, who currently have a license or permit but DO NOT have a Massachusetts personal automobile policy? If yes, they must be added to this policy as a driver or excluded.		
6. Are there any household members not listed on this policy but on another policy or have their own Massachusetts personal automobile policy? If yes, please provide their insurance carrier name and policy number.		
7. Is any auto used to transport (To or from work or school): A. Fellow employees, passengers or students, for a fee? B. Persons employed by you?		
8. Is any listed vehicle equipped with customized furnishings, equipment, or electronics that are permanently installed but not in locations used by the auto manufacturer for such equipment? If yes, custom equipment is not covered.		
9. Is any auto used or registered as a commercial vehicle? If yes, the vehicle(s) are unacceptable.		
10. Are any auto(s) to be insured, titled with a salvage title issued by the Mass Registry of Motor Vehicles? If yes, please indicate. (Salvage title vehicles are not eligible for Physical Damage Coverage)		
11. Does any auto listed on the policy have body/fender damage or broken/cracked glass? If yes, please list.		
12. Have you ever been insured with Occidental? If yes, please provide the prior policy number.		

Deleted: Have there been any Comprehensive or Personal Injury ¶ Protection claims in the past three years, not listed above?

Deleted: 2. Has the named insured or any listed operators been convicted ¶ of vehicular homicide, auto related fraud, auto theft, or DUI ¶ of alcohol or drugs, not listed above?

Deleted: 3. Is the named insured/registered owner excluded or not listed ¶ as a driver? If yes, please explain why.

NAMED DRIVER EXCLUSION

It is agreed that the person named below will not operate the vehicles(s) described below, or any replacement thereof, under any circumstances whatsoever.

Name & Date of Birth of Excluded Driver(s): _____

Vehicle Description: _____

I am aware that under the terms of my Massachusetts Automobile Insurance Policy, if I, or someone on my behalf, provides false, deceptive, misleading or incomplete information in any application or policy change request, and if such false, deceptive, misleading or incomplete information increases the company's risk of loss, the company may refuse to pay claims under any or all of the Optional Insurance Parts of this policy. Such information includes the description and the place of garaging of the vehicles to be insured, the names of all household members and customary operators required to be listed and then answers given for all listed operators. Payments under Compulsory Insurance Parts may also be limited to those amounts that the company is required to sell.

In addition, I am aware Massachusetts law requires that the company withhold payment of a Collision or Limited Collision loss if the insured auto is being operated by a household member who is not listed as an operator on my policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on my policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on my policy under the Merit Rating Plan.

Applicant's Signature: _____

Date: _____

Excluded Operator's Signature: _____

Date: _____

(PA 16 11 04 09)

NEVER BEEN LICENSED DRIVER STATEMENT

I declare that _____, a resident of my household who is of legal driving age, does not have a driver's license, whether valid, suspended or revoked, in any state.

Applicant's Signature: _____

Date: _____

INTERNET PAYMENT AUTHORIZATION & CUSTOMER RECEIPT

I authorize Occidental Fire & Casualty Company of North Carolina and/or its assigns, to use Electronic Funds Transfer (EFT), a bank draft, or my credit/debit card for an insurance premium payment across the Internet for the amount of \$_____.

This authorization applies to this one payment only. This payment is to be applied to policy #: _____.

Account Identification: _____

Payee Name _____

Payee Signature _____

Date _____

IMPORTANT NOTICE TO APPLICANT AND APPLICANT'S STATEMENT

I apply to the Company for a policy of insurance based upon the information I have supplied and the statements I have made herein. I agree that if such information is false, misleading, or would materially affect acceptance of the risk by the Company, or if the payment for this policy made by me or on my behalf (except by the agent or broker), is not honored by the payer (bank), coverage may be canceled.

I understand that if my premium check, intended to be the down payment or full payment, is returned unpaid by the bank, the policy will be null and void, with appropriate notification, and I will be subject to applicable fees.

If information developed by the Company indicates there should be a different classification or premium than indicated above, I authorize the Company to endorse or issue the policy to reflect the proper rate(s) and terms.

I declare that all the statements contained in this application are complete and true to the best of my knowledge as to this date. I understand that the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

Applicant's Signature: _____

Date: _____

The information contained in this application is as told to me by the applicant and is true and complete to the best of my knowledge.

Brokering Agent's Signature: _____

Date: _____

Print/Type Brokering Agent's Name: _____

Massachusetts License #: _____

SIX-MONTH TERM POLICY NOTIFICATION

You are electing to purchase a six-month term policy with Occidental Fire & Casualty Co. A six-month term policy is shorter than a twelve-month policy; a six-month term policy will have a premium that is half as much as a twelve-month term policy. Approximately 30 days before the policy expiration date, the Company will send a renewal offer classified and rated in accordance with the underwriting and rate guide in use at the time of renewal.

This notification does not limit the terms and conditions of coverage provided under this policy in any other manner.

(PA 16 17 01 10)



Occidental Fire & Casualty Company of North Carolina

PO Box 13119, Scottsdale, AZ 85267-3119

Installment Bill

Due Date:
Minimum Due:
(Including Fees & Past Due Amounts)

Remaining Balance:
Policy #:
Policy Period:

Agent Name & Phone #:

Include the above portion of this premium notice when mailing payment. Please write your policy number on your check.

Policy #

Premium Due:
Service Fee:
Late Fee:
NSF Fee:
Other Fee:
Past Due Amount:

PAYMENT OPTIONS

- Pay online at: www.occiquote.com
- Call 800-233-1880 (7am to 4pm Mountain Standard Time, Monday through Friday)
- Mail payment to: *Occidental Fire & Cas. PO Box 13119, Scottsdale, AZ 85267*

This installment bill does **not** replace any other bill or cancellation notice(s).
This bill **does not** guarantee that a payment will reinstate your policy if it has cancelled.

For questions or changes to your policy, please contact your Agent at:



Occidental Fire & Casualty Company of North Carolina

PO Box 13119, Scottsdale, AZ 85267-3119

PAYMENT TIPS

To avoid delays or cancellation of your policy:

- Pay online at: www.occiquote.com
- Call 800-233-1880 (7am to 4pm Mountain Standard Time, Monday through Friday)
- Mail your payment to: *Occidental Fire & Casualty Company of North Carolina
P.O. Box 13119
Scottsdale, AZ 85267-3119*
- Always include the return portion of your notice when mailing a payment.
- Write your policy number on your check.
- Allow additional time for mailed payments.
- Avoid extra charges - make your payment on time.
- If your bank does not honor your check, both the bank and the insurance company will charge you fees for the additional handling.
- Dishonored checks can hurt your credit rating.

Please contact your agent with questions or changes to your policy.

AUTOMOBILE INSURANCE APPLICATION

Agent: _____ Customer Service: (800) 233-1880
 Claims Service: (800) 223-5994
 Online Service: www.occiquote.com

Applicant: _____ Policy #: _____
 Effective Date: _____, _____ AM or PM
 Phone: _____ Expiration Date: _____, 12:01 a.m.
 Email: _____

DRIVER INFORMATION						
LIST ALL MEMBERS OF THE HOUSEHOLD 15 YEARS AND OLDER AND ANY OTHER OPERATOR(S)						
Name	D/O/B	MS/G	License #	Date First Licensed	SR22: Case #/SS #	Driver Training Y/N

ACCIDENT/VIOLATION HISTORY	
LIST ALL ACCIDENTS/VIOLATIONS DURING THE LAST 6 YEARS	

VEHICLE INFORMATION			
Year/Make/Model	V.I.N.	Sym.	Lienholder/Additional Interest

COVERAGE SELECTIONS & PREMIUMS						
COVERAGES	VEHICLE 1		VEHICLE 2		VEHICLE 3	
Bodily Injury						
Optional BI						
Property Damage						
Personal Injury Protection						
Medical Payment						
Uninsured Coverage						
Underinsured Coverage						
Collision						
Waiver of Deductible						
Comprehensive						
Other than Collision						
Glass Coverage						
Road Protection						
Subtotal						

	Policy Fee: \$25.00	SR22 Fee: \$0.00
Total Policy Cost:	Down Payment:	Monthly Installments:

Veh	Terr	Class	Use	Pts.	Passive Restraint	Anti-Lock	Anti-Theft	Class 15 discount	Annual Mileage	Paid in Full	Unv. MVR	Special Risk
1												
2												
3												

Underwriting Questions	Y/N	Explanations
1. Are there any accidents or violations in the past 6 years not disclosed or listed above, for all drivers?		
2. Have there been any Comprehensive or Personal Injury Protection claims in the past three years, not listed above?		
3. Has the named insured or any listed operators been convicted of vehicular homicide, auto related fraud, auto theft, or DUI of alcohol or drugs, not listed above?		
4. Do you presently owe any motor vehicle premium, payable in the last 12 months?		
5. Are there any household members, not listed on this policy, who currently have a license or permit but DO NOT have a Massachusetts personal automobile policy? If yes, they must be added to this policy as a driver or excluded.		
6. Are there any household members not listed on this policy but on another policy or have their own Massachusetts personal automobile policy? If yes, please provide their insurance carrier name and policy number.		
7. Is any auto used to transport (To or from work or school): A. Fellow employees, passengers or students, for a fee? B. Persons employed by you?		
8. Is any listed vehicle equipped with customized furnishings, equipment, or electronics that are permanently installed but not in locations used by the auto manufacturer for such equipment? If yes, custom equipment is not covered.		
9. Is any auto used or registered as a commercial vehicle? If yes, the vehicle(s) are unacceptable.		
10. Are any auto(s) to be insured, titled with a salvage title issued by the Mass Registry of Motor Vehicles? If yes, please indicate. (Salvage title vehicles are not eligible for Physical Damage Coverage)		
11. Does any auto listed on the policy have body/fender damage or broken/cracked glass? If yes, please list.		
12. Have you ever been insured with Occidental? If yes, please provide the prior policy number.		

NAMED DRIVER EXCLUSION

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Name & Date of Birth of Excluded Driver(s): _____

Vehicle Description: _____

I am aware that under the terms of my Massachusetts Automobile Insurance Policy, if I, or someone on my behalf, provides false, deceptive, misleading or incomplete information in any application or policy change request, and if such false, deceptive, misleading or incomplete information increases the company's risk of loss, the company may refuse to pay claims under any or all of the Optional Insurance Parts of this policy. Such information includes the description and the place of garaging of the vehicles to be insured, the names of all household members and customary operators required to be listed and then answers given for all listed operators. Payments under Compulsory Insurance Parts may also be limited to those amounts that the company is required to sell.

In addition, I am aware Massachusetts law requires that the company withhold payment of a Collision or Limited Collision loss if the insured auto is being operated by a household member who is not listed as an operator on my policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on my policy because the household member would be classified as an inexperienced operator or would required payment of additional premium on my policy under the Merit Rating Plan.

Applicant's Signature: _____

Date: _____

Excluded Operator's Signature: _____

Date: _____

(PA 16 11 04 09)

NEVER BEEN LICENSED DRIVER STATEMENT

I declare that _____, a resident of my household who is of legal driving age, does not have a driver's license, whether valid, suspended or revoked, in any state.

Applicant's Signature: _____

Date: _____

INTERNET PAYMENT AUTHORIZATION & CUSTOMER RECEIPT

I authorize Occidental Fire & Casualty Company of North Carolina and/or its assigns, to use Electronic Funds Transfer (EFT), a bank draft, or my credit/debit card for an insurance premium payment across the Internet for the amount of \$_____.

This authorization applies to this one payment only. This payment is to be applied to policy #: _____.

Account Identification: _____

Payee Name

Payee Signature

Date

IMPORTANT NOTICE TO APPLICANT AND APPLICANT'S STATEMENT

I apply to the Company for a policy of insurance based upon the information I have supplied and the statements I have made herein. I agree that if such information is false, misleading, or would materially affect acceptance of the risk by the Company, or if the payment for this policy made by me or on my behalf (except by the agent or broker), is not honored by the payer (bank), coverage may be canceled.

I understand that if my premium check, intended to be the down payment or full payment, is returned unpaid by the bank, the policy will be null and void, with appropriate notification, and I will be subject to applicable fees.

If information developed by the Company indicates there should be a different classification or premium than indicated above, I authorize the Company to endorse or issue the policy to reflect the proper rate(s) and terms.

I declare that all the statements contained in this application are complete and true to the best of my knowledge as to this date. I understand that the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

Applicant's Signature: _____

Date: _____

The information contained in this application is as told to me by the applicant and is true and complete to the best of my knowledge.

Brokering Agent's Signature: _____

Date: _____

Print/Type Brokering Agent's Name: _____

Massachusetts License #: _____

SIX-MONTH TERM POLICY NOTIFICATION

You are electing to purchase a six-month term policy with Occidental Fire & Casualty Co. A six-month term policy is shorter than a twelve-month policy; a six-month term policy will have a premium that is half as much as a twelve-month term policy. Approximately 30 days before the policy expiration date, the Company will send a renewal offer classified and rated in accordance with the underwriting and rate guide in use at the time of renewal.

This notification does not limit the terms and conditions of coverage provided under this policy in any other manner.

(PA 16 17 01 10)

Occidental Fire & Casualty Company

*** LEGAL NOTICE OF NON-RENEWAL *** Massachusetts

Insured:
Address:

Agent Name:
Agent Number:

Date of Mailing:

Policy Expiration Date: , 12:01am

Policy#:

Vehicle Year	Vehicle Make	Vehicle Model	V.I.N.
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You are hereby notified in compliance with the terms and conditions of your insurance policy and according to the law that your insurance policy will terminate/expire on the Notice Effective Date listed above.

Massachusetts Law provides that no insurance company shall refuse to renew a motor vehicle liability policy based on the ownership or operation of a motor vehicle because of age, sex, race, occupation, marital status or principal place of garaging of the vehicle.

Your policy is being non-renewed due to:

IMPORTANT NOTICE TO POLICYHOLDERS

You must have compulsory motor vehicle insurance in order to keep your motor vehicle registered in Massachusetts. We have notified the Registrar of Motor Vehicles and you of our intent to non-renew your motor vehicle insurance policy.

You must replace your policy as soon as possible. The Registrar of Motor Vehicles will cancel your motor vehicle registration if it does not receive a new certificate of insurance covering your motor vehicle before your current policy expires. You may contact an insurance company directly, or work with a licensed insurance agent to obtain new insurance from a company that the insurance agent represents.

If no insurance company is willing to insure you, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply to the plan. If you apply for insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the insurance coverage that was not renewed.

This notice shall not be deemed a refusal under Section 113D of chapter 175 of the General Laws of the commonwealth of Massachusetts to issue a motor vehicle liability policy or to execute a motor vehicle liability.

This notice does not replace any other previous non-renewal notice(s) which may have been sent.

Occidental Fire & Casualty Company
PO Box 13119, Scottsdale, AZ 85267

By: Steven Andrews
Authorized Representative

OCCIDENTAL FIRE & CASUALTY COMPANY
PO BOX 13119, SCOTTSDALE, AZ 85267

LEGAL NOTICE OF CANCELLATION FOR NON-PAYMENT
(Massachusetts)

Insured:
Address:

Agent Name:
Agent Number:

Date of Notice:

Effective Date of Cancellation: , 12:01 am

Policy#:

AMOUNT DUE: \$

Vehicle Year Vehicle Make Vehicle Model

V.I.N.

Specific Reason(s) for Cancellation (Company must specify the particular reason(s) and must state the substance of the matter(s) relied on for cancellation):

You are hereby notified that the Massachusetts Motor Vehicle Liability Policy, herein designated, issued to you by the above company is hereby cancelled in accordance with its terms, such cancellation to become effective at 12:01 A.M. on the effective date of cancellation stated above.

Section 113A of Chapter 175 of the General Laws, as amended, requires 20 days advance written notice of cancellation.

The Premiums earned on this policy to the effective date of cancellation will be adjusted to accordance with the terms of the policy.

In accordance with the provisions of Section 113A of Chapter 175 of the General Laws, as amended, notice of this cancellation will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancellation stated above.

This cancellation notice does not replace any other previous cancellation notice(s) which may have been sent.

This cancellation will not take effect if the full amount due shown above is paid on or prior to the effective date of cancellation.

By: Steven Andrews
Authorized Representative

IMPORTANT NOTICE: Please read carefully the information below which outlines your legal rights under the compulsory insurance law relative to this cancellation.

INFORMATION ABOUT MINIMUM INSURANCE REQUIREMENTS

Massachusetts law requires that every motor vehicle registered in Massachusetts carry minimum motor vehicle liability insurance. The Registrar of Motor Vehicles will revoke your registration and license plates on the effective date of cancellation shown in this notice unless:

1. You reinstate your required minimum motor vehicle insurance; or
2. Before the date of cancellation shown in this notice you obtain minimum motor vehicle insurance from another Insurance company. The new insurance company must notify the Registrar before the date of cancellation in this notice that it has insured your motor vehicle.
3. If you are unable to obtain motor vehicle insurance from another insurance company, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply for motor vehicle insurance through the plan. If you apply for motor vehicle insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the coverage that was not renewed; or
4. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at www.mass.gov/doi or can be obtained by calling the Division's Consumer Service Section at 617-521-7777.

Unless one of the three above actions occurs, the registration for your motor vehicle will be revoked on the effective date of cancellation shown in this notice.



Occidental Fire & Casualty Company

PO Box 13119, Scottsdale, AZ 85267-3119

Installment Bill

Due Date:
Minimum Due:
(Including Fees & Past Due Amounts)

Remaining Balance:
Policy #:
Policy Period:

Agent Name & Phone #:

Include the above portion of this premium notice when mailing payment. Please write your policy number on your check.

Policy #

Premium Due:
Service Fee:
Late Fee:
NSF Fee:
Other Fee:
Past Due Amount:

PAYMENT OPTIONS

- Pay online at: www.occiquote.com
- Call 800-233-1880 (7am to 4pm Mountain Standard Time, Monday through Friday)
- Mail payment to: *Occidental Fire & Cas. PO Box 13119, Scottsdale, AZ 85267*

This installment bill does **not** replace any other bill or cancellation notice(s).
This bill **does not** guarantee that a payment will reinstate your policy if it has cancelled.

For questions or changes to your policy, please contact your Agent at:



Occidental Fire & Casualty Company

PO Box 13119, Scottsdale, AZ 85267-3119

PAYMENT TIPS

To avoid delays or cancellation of your policy:

- Pay online at: www.occiguote.com
- Call 800-233-1880 (7am to 4pm Mountain Standard Time, Monday through Friday)
- Mail your payment to: *Occidental Fire & Casualty
P.O. Box 13119
Scottsdale, AZ 85267-3119*
- Always include the return portion of your notice when mailing a payment.
- Write your policy number on your check.
- Allow additional time for mailed payments.
- Avoid extra charges - make your payment on time.
- If your bank does not honor your check, both the bank and the insurance company will charge you fees for the additional handling.
- Dishonored checks can hurt your credit rating.

Please contact your agent with questions or changes to your policy.

OCCIDENTAL FIRE & CASUALTY COMPANY
PO BOX 13119, SCOTTSDALE, AZ 85267

LEGAL NOTICE OF CANCELLATION
Massachusetts

Insured:
Address:

Agent Name:
Agent Number:

Date of Notice:

Effective Date of Cancellation: , 12:01am

Policy#:

Vehicle Year	Vehicle Make	Vehicle Model	V.I.N.
--------------	--------------	---------------	--------

Specific Reason(s) for Cancellation (Company must specify the particular reason(s) and must state the substance of the matter(s) relied on for cancellation):

You are hereby notified that the Massachusetts Motor Vehicle Liability Policy, herein designated, issued to you by the above company is hereby cancelled in accordance with its terms, such cancellation to become effective at 12:01 A.M. on the effective date of cancellation stated above.

Section 113A of Chapter 175 of the General Laws, as amended, requires 20 days advance written notice of cancellation.

The Premiums earned on this policy to the effective date of cancellation will be adjusted to accordance with the terms of the policy.

In accordance with the provisions of Section 113A of Chapter 175 of the General Laws, as amended, notice of this cancellation will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancellation stated above.

This cancellation notice does not replace any other previous cancellation notice(s) which may have been sent.

By: Steven Andrews
Authorized Representative

IMPORTANT NOTICE: Please read carefully the information below which outlines your legal rights under the compulsory insurance law relative to this cancellation.

INFORMATION ABOUT MINIMUM INSURANCE REQUIREMENTS

Massachusetts law requires that every motor vehicle registered in Massachusetts carry minimum motor vehicle liability insurance. The Registrar of Motor Vehicles will revoke your registration and license plates on the effective date of cancellation shown in this notice unless:

1. You reinstate your required minimum motor vehicle insurance; or
2. Before the date of cancellation shown in this notice you obtain minimum motor vehicle insurance from another Insurance company. The new insurance company must notify the Registrar before the date of cancellation in this notice that it has insured your motor vehicle.

If you are unable to obtain motor vehicle insurance from another insurance company, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply for motor vehicle insurance through the plan. If you apply for motor vehicle insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the coverage that was not renewed; or

3. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at www.mass.gov/doi or can be obtained by calling the Division's Consumer Service Section at 617-521-7777.

Unless one of the three above actions occurs, the registration for your motor vehicle will be revoked on the effective date of cancellation shown in this notice.

AUTOMOBILE INSURANCE APPLICATION

Agent: _____ Customer Service: (800) 233-1880
 Claims Service: (800) 223-5994
 Online Service: www.occiquote.com

Applicant: _____ Policy #: _____
 Effective Date: _____, _____ AM or PM
 Phone: _____ Expiration Date: _____, 12:01 a.m.
 Email: _____

DRIVER INFORMATION						
LIST ALL MEMBERS OF THE HOUSEHOLD 15 YEARS AND OLDER AND ANY OTHER OPERATOR(S)						
Name	D/O/B	MS/G	License #	Date First Licensed	SR22: Case #/SS #	Driver Training Y/N

ACCIDENT/VIOLATION HISTORY	

VEHICLE INFORMATION			
Year/Make/Model	V.I.N.	Sym.	Lienholder/Additional Interest

COVERAGE SELECTIONS & PREMIUMS						
COVERAGES	VEHICLE 1	VEHICLE 2	VEHICLE 3			
Bodily Injury						
Optional BI						
Property Damage						
Personal Injury Protection						
Medical Payment						
Uninsured Coverage						
Underinsured Coverage						
Collision						
Waiver of Deductible						
Comprehensive						
Other than Collision						
Glass Coverage						
Road Protection						
Subtotal						

Total Policy Cost:	Policy Fee: \$25.00	SR22 Fee: \$0.00
	Down Payment:	Monthly Installments:

Veh	Terr	Class	Use	Pts.	Passive Restraint	Anti-Lock	Anti-Theft	Class 15 discount	Annual Mileage	Paid in Full	Unv. MVR	Special Risk
1												
2												
3												

Underwriting Questions	Y/N	Explanations
1. Have there been any Comprehensive or Personal Injury Protection claims in the past three years, not listed above?		
2. Has the named insured or any listed operators been convicted of vehicular homicide, auto related fraud, auto theft, or DUI of alcohol or drugs, not listed above?		
3. Is the named insured/registered owner excluded or not listed as a driver? If yes, please explain why.		
4. Do you presently owe any motor vehicle premium, payable in the last 12 months?		
5. Are there any household members, not listed on this policy, who currently have a license or permit but DO NOT have a Massachusetts personal automobile policy? If yes, they must be added to this policy as a driver or excluded.		
6. Are there any household members not listed on this policy but on another policy or have their own Massachusetts personal automobile policy? If yes, please provide their insurance carrier name and policy number.		
7. Is any auto used to transport (To or from work or school): A. Fellow employees, passengers or students, for a fee? B. Persons employed by you?		
8. Is any listed vehicle equipped with customized furnishings, equipment, or electronics that are permanently installed but not in locations used by the auto manufacturer for such equipment? If yes, custom equipment is not covered.		
9. Is any auto used or registered as a commercial vehicle? If yes, the vehicle(s) are unacceptable.		
10. Are any auto(s) to be insured, titled with a salvage title issued by the Mass Registry of Motor Vehicles? If yes, please indicate. (Salvage title vehicles are not eligible for Physical Damage Coverage)		
11. Does any auto listed on the policy have body/fender damage or broken/cracked glass? If yes, please list.		
12. Have you ever been insured with Occidental? If yes, please provide the prior policy number.		

NAMED DRIVER EXCLUSION

It is agreed that the person named below will not operate the vehicles(s) described below, or any replacement thereof, under any circumstances whatsoever.

Name & Date of Birth of Excluded Driver(s): _____

Vehicle Description: _____

I am aware that under the terms of my Massachusetts Automobile Insurance Policy, if I, or someone on my behalf, provides false, deceptive, misleading or incomplete information in any application or policy change request, and if such false, deceptive, misleading or incomplete information increases the company's risk of loss, the company may refuse to pay claims under any or all of the Optional Insurance Parts of this policy. Such information includes the description and the place of garaging of the vehicles to be insured, the names of all household members and customary operators required to be listed and then answers given for all listed operators. Payments under Compulsory Insurance Parts may also be limited to those amounts that the company is required to sell.

In addition, I am aware Massachusetts law requires that the company withhold payment of a Collision or Limited Collision loss if the insured auto is being operated by a household member who is not listed as an operator on my policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on my policy because the household member would be classified as an inexperienced operator or would required payment of additional premium on my policy under the Merit Rating Plan.

Applicant's Signature: _____ Date: _____

Excluded Operator's Signature: _____ Date: _____

(PA 16 11 04 09)

NEVER BEEN LICENSED DRIVER STATEMENT

I declare that _____, a resident of my household who is of legal driving age, does not have a driver's license, whether valid, suspended or revoked, in any state.

Applicant's Signature: _____

Date: _____

INTERNET PAYMENT AUTHORIZATION & CUSTOMER RECEIPT

I authorize Occidental Fire & Casualty Company of North Carolina and/or its assigns, to use Electronic Funds Transfer (EFT), a bank draft, or my credit/debit card for an insurance premium payment across the Internet for the amount of \$_____.

This authorization applies to this one payment only. This payment is to be applied to policy #: _____.

Account Identification: _____

Payee Name

Payee Signature

Date

IMPORTANT NOTICE TO APPLICANT AND APPLICANT'S STATEMENT

I apply to the Company for a policy of insurance based upon the information I have supplied and the statements I have made herein. I agree that if such information is false, misleading, or would materially affect acceptance of the risk by the Company, or if the payment for this policy made by me or on my behalf (except by the agent or broker), is not honored by the payer (bank), coverage may be canceled.

I understand that if my premium check, intended to be the down payment or full payment, is returned unpaid by the bank, the policy will be null and void, with appropriate notification, and I will be subject to applicable fees.

If information developed by the Company indicates there should be a different classification or premium than indicated above, I authorize the Company to endorse or issue the policy to reflect the proper rate(s) and terms.

I declare that all the statements contained in this application are complete and true to the best of my knowledge as to this date. I understand that the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

Applicant's Signature: _____

Date: _____

The information contained in this application is as told to me by the applicant and is true and complete to the best of my knowledge.

Brokering Agent's Signature: _____

Date: _____

Print/Type Brokering Agent's Name: _____

Massachusetts License #: _____

SIX-MONTH TERM POLICY NOTIFICATION

You are electing to purchase a six-month term policy with Occidental Fire & Casualty Co. A six-month term policy is shorter than a twelve-month policy; a six-month term policy will have a premium that is half as much as a twelve-month term policy. Approximately 30 days before the policy expiration date, the Company will send a renewal offer classified and rated in accordance with the underwriting and rate guide in use at the time of renewal.

This notification does not limit the terms and conditions of coverage provided under this policy in any other manner.

(PA 16 17 01 10)

Occidental Fire & Casualty Company

*** LEGAL NOTICE OF NON-RENEWAL *** Massachusetts

Insured:
Address:

Agent Name:
Agent Number:

Date of Mailing:

Policy Expiration Date: , 12:01am

Policy#:

Vehicle Year	Vehicle Make	Vehicle Model	V.I.N.
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You are hereby notified in compliance with the terms and conditions of your insurance policy and according to the law that your insurance policy will terminate/expire on the Notice Effective Date listed above.

Massachusetts Law provides that no insurance company shall refuse to renew a motor vehicle liability policy based on the ownership or operation of a motor vehicle because of age, sex, race, occupation, marital status or principal place of garaging of the vehicle.

Your policy is being non-renewed due to:

IMPORTANT NOTICE TO POLICYHOLDERS

You must have compulsory motor vehicle insurance in order to keep your motor vehicle registered in Massachusetts. We have notified the Registrar of Motor Vehicles and you of our intent to non-renew your motor vehicle insurance policy.

You must replace your policy as soon as possible. The Registrar of Motor Vehicles will cancel your motor vehicle registration if it does not receive a new certificate of insurance covering your motor vehicle before your current policy expires. You may contact an insurance company directly, or work with a licensed insurance agent to obtain new insurance from a company that the insurance agent represents.

If no insurance company is willing to insure you, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply to the plan. If you apply for insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the insurance coverage that was not renewed.

This notice shall not be deemed a refusal under Section 113D of chapter 175 of the General Laws of the commonwealth of Massachusetts to issue a motor vehicle liability policy or to execute a motor vehicle liability.

This notice does not replace any other previous cancellation notice(s) which may have been sent.

Occidental Fire & Casualty Company
PO Box 13119, Scottsdale, AZ 85267

By: Steven Andrews
Authorized Representative

OCCIDENTAL FIRE & CASUALTY COMPANY
PO BOX 13119, SCOTTSDALE, AZ 85267

LEGAL NOTICE OF CANCELLATION
Massachusetts

Insured:
Address:

Agent Name:
Agent Number:

Date of Notice:

Effective Date of Cancellation: , 12:01am

Policy#:

Vehicle Year	Vehicle Make	Vehicle Model	V.I.N.
--------------	--------------	---------------	--------

Specific Reason(s) for Cancellation (Company must specify the particular reason(s) and must state the substance of the matter(s) relied on for cancellation):

You are hereby notified that the Massachusetts Motor Vehicle Liability Policy, herein designated, issued to you by the above company is hereby cancelled in accordance with its terms, such cancellation to become effective at 12:01 A.M. on the effective date of cancellation stated above.

Section 113A of Chapter 175 of the General Laws, as amended, requires 20 days advance written notice of cancellation.

The Premiums earned on this policy to the effective date of cancellation will be adjusted to accordance with the terms of the policy.

In accordance with the provisions of Section 113A of Chapter 175 of the General Laws, as amended, notice of this cancellation will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancellation stated above.

This cancellation notice does not replace any other previous cancellation notice(s) which may have been sent.

By: Steven Andrews
Authorized Representative

IMPORTANT NOTICE: Please read carefully the information below which outlines your legal rights under the compulsory insurance law relative to this cancellation.

INFORMATION ABOUT MINIMUM INSURANCE REQUIREMENTS

Massachusetts law requires that every motor vehicle registered in Massachusetts carry minimum motor vehicle liability insurance. The Registrar of Motor Vehicles will revoke your registration and license plates on the effective date of cancellation shown in this notice unless:

1. You reinstate your required minimum motor vehicle insurance; or
2. Before the date of cancellation shown in this notice you obtain minimum motor vehicle insurance from another Insurance company. The new insurance company must notify the Registrar before the date of cancellation in this notice that it has insured your motor vehicle.

If you are unable to obtain motor vehicle insurance from another insurance company, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply for motor vehicle insurance through the plan. If you apply for motor vehicle insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the coverage that was not renewed; or

3. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at www.mass.gov/doi or can be obtained by calling the Division's Consumer Service Section at 617-521-7777.

Unless one of the three above actions occurs, the registration for your motor vehicle will be revoked on the effective date of cancellation shown in this notice.

OCCIDENTAL FIRE & CASUALTY COMPANY
PO BOX 13119, SCOTTSDALE, AZ 85267

LEGAL NOTICE OF CANCELLATION FOR NON-PAYMENT
(Massachusetts)

Insured:
Address:

Agent Name:
Agent Number:

Date of Notice:

Effective Date of Cancellation: , 12:01 am

Policy#:

AMOUNT DUE: \$

Vehicle Year Vehicle Make Vehicle Model

V.I.N.

Specific Reason(s) for Cancellation (Company must specify the particular reason(s) and must state the substance of the matter(s) relied on for cancellation):

You are hereby notified that the Massachusetts Motor Vehicle Liability Policy, herein designated, issued to you by the above company is hereby cancelled in accordance with its terms, such cancellation to become effective at 12:01 A.M. on the effective date of cancellation stated above.

Section 113A of Chapter 175 of the General Laws, as amended, requires 20 days advance written notice of cancellation.

The Premiums earned on this policy to the effective date of cancellation will be adjusted to accordance with the terms of the policy.

In accordance with the provisions of Section 113A of Chapter 175 of the General Laws, as amended, notice of this cancellation will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancellation stated above.

This cancellation notice does not replace any other previous cancellation notice(s) which may have been sent.

This cancellation will not take effect if the full amount due shown above is paid on or prior to the effective date of cancellation.

By: Steven Andrews
Authorized Representative

IMPORTANT NOTICE: Please read carefully the information below which outlines your legal rights under the compulsory insurance law relative to this cancellation.

INFORMATION ABOUT MINIMUM INSURANCE REQUIREMENTS

Massachusetts law requires that every motor vehicle registered in Massachusetts carry minimum motor vehicle liability insurance. The Registrar of Motor Vehicles will revoke your registration and license plates on the effective date of cancellation shown in this notice unless:

1. You reinstate your required minimum motor vehicle insurance; or
2. Before the date of cancellation shown in this notice you obtain minimum motor vehicle insurance from another Insurance company. The new insurance company must notify the Registrar before the date of cancellation in this notice that it has insured your motor vehicle.
3. If you are unable to obtain motor vehicle insurance from another insurance company, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply for motor vehicle insurance through the plan. If you apply for motor vehicle insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the coverage that was not renewed; or
4. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at www.mass.gov/doi or can be obtained by calling the Division's Consumer Service Section at 617-521-7777.

Unless one of the three above actions occurs, the registration for your motor vehicle will be revoked on the effective date of cancellation shown in this notice.

**OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLINA
RENEWAL OFFER PREMIUM NOTICE**

PA 15 84 09 13

Print Date:

Insured:

Producer:
Policy Number:
Due Date:

MINIMUM DUE:
POLICY BALANCE:

Make check payable and mail to:
Occidental Fire & Cas. Co. of NC
PO Box 13119
Scottsdale, AZ 85267-3119

Include the top portion of the renewal offer premium notice when mailing your payment. Please write your policy number on your check.

Policy Period:

PREMIUM:
M.G.A. FEE:
SERVICE FEE:
LATE FEE:
PAST DUE AMOUNT:
SR FEE:
POLICY FEE:
NSF FEE:
MINIMUM DUE:

AMOUNT DUE IF PAID IN FULL:

This RENEWAL OFFER is contingent upon receipt of payment. Changes processed on or after the date of mailing of this offer are not included in the premium shown on this offer.

Our records currently indicate the following drivers and vehicles are being insured by this policy. **IF YOU FAIL TO TELL US ABOUT OTHER DRIVERS OR VEHICLES, A CLAIM AFTER THIS DATE MAY BE DENIED.**

Insured Operators	DOB	Class	Points	SR22	Surcharges	Discounts

Insured Vehicles:	Vehicle Coverages						
	BI	PD	UM	PIP	COMP	COLL	RPC

to pay your bill online visit WWW.OCCIQUOTE.COM or CALL 800-233-1880

For additional details and options, please contact your agent.

PLEASE CALL YOUR AGENT IF YOU HAVE ANY QUESTIONS REGARDING THIS BILL or YOUR INSURANCE.

IF YOU HAVE MOVED AND IT IS NOT CONVENIENT TO CONTACT YOUR AGENT PLEASE COMPLETE THE FOLLOWING.

MY NEW ADDRESS IS: POLICY NUMBER: _____

STREET _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

COUNTY _____ RESIDENCE PHONE (____) _____

BUSINESS PHONE (____) _____

____ INSIDE CITY LIMITS ____ OUTSIDE CITY LIMITS ____ PERMANENT

____ TEMPORARY If temporary, how long do you expect to be at this address? _____

Do you plan to return your former permanent address? ____ YES ____ NO

SIGNATURE _____ DATE _____

AUTOMOBILE INSURANCE APPLICATION

Agent: _____ Customer Service: (800) 233-1880
 Claims Service: (800) 223-5994
 Online Service: www.occiquote.com

Applicant: _____ Policy #: _____
 Effective Date: _____, _____ AM or PM
 Phone: _____ Expiration Date: _____, 12:01 a.m.
 Email: _____

DRIVER INFORMATION						
LIST ALL MEMBERS OF THE HOUSEHOLD 15 YEARS AND OLDER AND ANY OTHER OPERATOR(S)						
Name	D/O/B	MS/G	License #	Date First Licensed	SR22: Case #/SS #	Driver Training Y/N

ACCIDENT/VIOLATION HISTORY	

VEHICLE INFORMATION			
Year/Make/Model	V.I.N.	Sym.	Lienholder/Additional Interest

COVERAGE SELECTIONS & PREMIUMS						
COVERAGES	VEHICLE 1	VEHICLE 2	VEHICLE 3			
Bodily Injury						
Optional BI						
Property Damage						
Personal Injury Protection						
Medical Payment						
Uninsured Coverage						
Underinsured Coverage						
Collision						
Waiver of Deductible						
Comprehensive						
Other than Collision						
Glass Coverage						
Road Protection						
Subtotal						

Total Policy Cost:	Policy Fee: \$25.00	SR22 Fee: \$0.00
	Down Payment:	Monthly Installments:

Veh	Terr	Class	Use	Pts.	Passive Restraint	Anti-Lock	Anti-Theft	Class 15 discount	Annual Mileage	Paid in Full	Unv. MVR	Special Risk
1												
2												
3												

Underwriting Questions	Y/N	Explanations
1. Have there been any Comprehensive or Personal Injury Protection claims in the past three years, not listed above?		
2. Has the named insured or any listed operators been convicted of vehicular homicide, auto related fraud, auto theft, or DUI of alcohol or drugs, not listed above?		
3. Is the named insured/registered owner excluded or not listed as a driver? If yes, please explain why.		
4. Do you presently owe any motor vehicle premium, payable in the last 12 months?		
5. Are there any household members, not listed on this policy, who currently have a license or permit but DO NOT have a Massachusetts personal automobile policy? If yes, they must be added to this policy as a driver or excluded.		
6. Are there any household members not listed on this policy but on another policy or have their own Massachusetts personal automobile policy? If yes, please provide their insurance carrier name and policy number.		
7. Is any auto used to transport (To or from work or school): A. Fellow employees, passengers or students, for a fee? B. Persons employed by you?		
8. Is any listed vehicle equipped with customized furnishings, equipment, or electronics that are permanently installed but not in locations used by the auto manufacturer for such equipment? If yes, custom equipment is not covered.		
9. Is any auto used or registered as a commercial vehicle? If yes, the vehicle(s) are unacceptable.		
10. Are any auto(s) to be insured, titled with a salvage title issued by the Mass Registry of Motor Vehicles? If yes, please indicate. (Salvage title vehicles are not eligible for Physical Damage Coverage)		
11. Does any auto listed on the policy have body/fender damage or broken/cracked glass? If yes, please list.		
12. Have you ever been insured with Occidental? If yes, please provide the prior policy number.		

NAMED DRIVER EXCLUSION

It is agreed that the person named below will not operate the vehicles(s) described below, or any replacement thereof, under any circumstances whatsoever.

Name & Date of Birth of Excluded Driver(s): _____

Vehicle Description: _____

I am aware that under the terms of my Massachusetts Automobile Insurance Policy, if I, or someone on my behalf, provides false, deceptive, misleading or incomplete information in any application or policy change request, and if such false, deceptive, misleading or incomplete information increases the company's risk of loss, the company may refuse to pay claims under any or all of the Optional Insurance Parts of this policy. Such information includes the description and the place of garaging of the vehicles to be insured, the names of all household members and customary operators required to be listed and then answers given for all listed operators. Payments under Compulsory Insurance Parts may also be limited to those amounts that the company is required to sell.

In addition, I am aware Massachusetts law requires that the company withhold payment of a Collision or Limited Collision loss if the insured auto is being operated by a household member who is not listed as an operator on my policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on my policy because the household member would be classified as an inexperienced operator or would required payment of additional premium on my policy under the Merit Rating Plan.

Applicant's Signature: _____

Date: _____

Excluded Operator's Signature: _____

Date: _____

(PA 16 11 04 09)

NEVER BEEN LICENSED DRIVER STATEMENT

I declare that _____, a resident of my household who is of legal driving age, does not have a driver's license, whether valid, suspended or revoked, in any state.

Applicant's Signature: _____

Date: _____

INTERNET PAYMENT AUTHORIZATION & CUSTOMER RECEIPT

I authorize Occidental Fire & Casualty Company of North Carolina and/or its assigns, to use Electronic Funds Transfer (EFT), a bank draft, or my credit/debit card for an insurance premium payment across the Internet for the amount of \$_____.

This authorization applies to this one payment only. This payment is to be applied to policy #: _____.

Account Identification: _____

Payee Name

Payee Signature

Date

IMPORTANT NOTICE TO APPLICANT AND APPLICANT'S STATEMENT

I apply to the Company for a policy of insurance based upon the information I have supplied and the statements I have made herein. I agree that if such information is false, misleading, or would materially affect acceptance of the risk by the Company, or if the payment for this policy made by me or on my behalf (except by the agent or broker), is not honored by the payer (bank), coverage may be canceled.

I understand that if my premium check, intended to be the down payment or full payment, is returned unpaid by the bank, the policy will be null and void, with appropriate notification, and I will be subject to applicable fees.

If information developed by the Company indicates there should be a different classification or premium than indicated above, I authorize the Company to endorse or issue the policy to reflect the proper rate(s) and terms.

I declare that all the statements contained in this application are complete and true to the best of my knowledge as to this date. I understand that the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

Applicant's Signature: _____

Date: _____

The information contained in this application is as told to me by the applicant and is true and complete to the best of my knowledge.

Brokering Agent's Signature: _____

Date: _____

Print/Type Brokering Agent's Name: _____

Massachusetts License #: _____

SIX-MONTH TERM POLICY NOTIFICATION

You are electing to purchase a six-month term policy with Occidental Fire & Casualty Co. A six-month term policy is shorter than a twelve-month policy; a six-month term policy will have a premium that is half as much as a twelve-month term policy. Approximately 30 days before the policy expiration date, the Company will send a renewal offer classified and rated in accordance with the underwriting and rate guide in use at the time of renewal.

This notification does not limit the terms and conditions of coverage provided under this policy in any other manner.

(PA 16 17 01 10)



Occidental Fire & Casualty Company

PO Box 13119, Scottsdale, AZ 85267-3119

Installment Bill

Due Date:
Minimum Due:
(Including Fees & Past Due Amounts)

Remaining Balance:
Policy #:
Policy Period:

Agent Name & Phone #:

Include the above portion of this premium notice when mailing payment. Please write your policy number on your check.

Policy #

Premium Due:
Service Fee:
Late Fee:
NSF Fee:
Other Fee:
Past Due Amount:

PAYMENT OPTIONS

- Pay online at: www.occiquote.com
- Call 800-233-1880 (7am to 4pm Mountain Standard Time, Monday through Friday)
- Mail payment to: *Occidental Fire & Cas. PO Box 13119, Scottsdale, AZ 85267*

This installment bill does **not** replace any other bill or cancellation notice(s).
This bill **does not** guarantee that a payment will reinstate your policy if it has cancelled.

For questions or changes to your policy, please contact your Agent at:



Occidental Fire & Casualty Company

PO Box 13119, Scottsdale, AZ 85267-3119

PAYMENT TIPS

To avoid delays or cancellation of your policy:

- Pay online at: www.occiguote.com
- Call 800-233-1880 (7am to 4pm Mountain Standard Time, Monday through Friday)
- Mail your payment to: *Occidental Fire & Casualty
P.O. Box 13119
Scottsdale, AZ 85267-3119*
- Always include the return portion of your notice when mailing a payment.
- Write your policy number on your check.
- Allow additional time for mailed payments.
- Avoid extra charges - make your payment on time.
- If your bank does not honor your check, both the bank and the insurance company will charge you fees for the additional handling.
- Dishonored checks can hurt your credit rating.

Please contact your agent with questions or changes to your policy.

AUTOMOBILE POLICY DECLARATIONS

Policy Number:
Policy Period:
Effective:
Reason for Issuance:

OCCIDENTAL FIRE & CASUALTY
COMPANY OF NORTH CAROLINA

Named Insured:

Producer:

Telephone:

COVERAGES	PREMIUMS		
	VEHICLE 1	VEHICLE 2	VEHICLE 3
COMPULSORY INSURANCE			
PART 1 – BODILY INJURY TO OTHERS EACH PERSON/OCCURRENCE			
PART 2 – PERSONAL INJURY PROTECTION DEDUCTIBLE			
PART 3 – BODILY INJURY BY AN UNINSURED MOTORIST EACH PERSON/OCCURRENCE			
PART 4 – DAMAGE TO SOMEONE ELSE’S PROPERTY EACH OCCURRENCE			
OPTIONAL INSURANCE			
PART 5 – OPTIONAL BODILY INJURY TO OTHERS EACH PERSON/OCCURRENCE			
PART 6 – MEDICAL PAYMENTS EACH OCCURRENCE			
PART 7 – COLLISION	VEH 1	VEH 2	VEH 3
DEDUCTIBLE	\$	\$	\$
WAIVER OF DEDUCTIBLE			
PART 8 – LIMITED COLLISION	VEH 1	VEH 2	VEH 3
DEDUCTIBLE	\$	\$	\$
PART 9 – COMPREHENSIVE	VEH 1	VEH 2	VEH 3
DEDUCTIBLE	\$	\$	\$
PART 12 – BODILY INJURY BY AN UNDERINSURED AUTO EACH PERSON/OCCURRENCE			
GLASS COVERAGE	VEH 1	VEH 2	VEH 3
DEDUCTIBLE	\$	\$	\$
ROAD PROTECTION COVERAGE (RPC) – COST PER POLICY			
Should YOU have any inquiries concerning this policy or assistance is needed please call your Producer at:		Policy Fee: SR Fee:	
		TOTAL POLICY PREMIUM:	

AUTOMOBILE POLICY DECLARATIONS

Policy Number:
Policy Period:
Effective:

OCCIDENTAL FIRE & CASUALTY
COMPANY OF NORTH CAROLINA

COVERED VEHICLE(S):

VEHICLE 1:

Year Sym Description

Vehicle ID Number:

Driver: Terr:

Garage Location:

Loss Payee/Lessor:

VEHICLE 2:

Year Sym Description

Vehicle ID Number:

Driver: Terr:

Garage Location:

Loss Payee/Lessor:

VEHICLE 3:

Year Sym Description

Vehicle ID Number:

Driver: Terr:

Garage Location:

Loss Payee/Lessor:

DRIVER(S) LISTED ON THIS POLICY:

DRV	Driver Name	DOB	Sex	MS	Drv Lic	SR-22	Driver Pts
-----	-------------	-----	-----	----	---------	-------	------------

- 1.
- 2.
- 3.

EXCLUDED DRIVERS:

POLICY ENDORSEMENTS: <small>(FORMS, ENDORSEMENTS, AND EXCEPTIONS TO CONDITIONS APPLYING TO THIS POLICY ARE SHOWN BELOW)</small>	DISCOUNTS / SURCHARGES:

COUNTERSIGNED: DATE: BY: _____
Authorized Representative

Occidental Fire & Casualty Company

*** LEGAL NOTICE OF NON-RENEWAL *** Massachusetts

Insured:
Address:

Agent Name:
Agent Number:

Date of Mailing:

Policy Expiration Date: , 12:01am

Policy#:

Vehicle Year	Vehicle Make	Vehicle Model	V.I.N.
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You are hereby notified in compliance with the terms and conditions of your insurance policy and according to the law that your insurance policy will terminate/expire on the Notice Effective Date listed above.

Massachusetts Law provides that no insurance company shall refuse to renew a motor vehicle liability policy based on the ownership or operation of a motor vehicle because of age, sex, race, occupation, marital status or principal place of garaging of the vehicle.

Your policy is being non-renewed due to:

IMPORTANT NOTICE TO POLICYHOLDERS

You must have compulsory motor vehicle insurance in order to keep your motor vehicle registered in Massachusetts. We have notified the Registrar of Motor Vehicles and you of our intent to non-renew your motor vehicle insurance policy.

You must replace your policy as soon as possible. The Registrar of Motor Vehicles will cancel your motor vehicle registration if it does not receive a new certificate of insurance covering your motor vehicle before your current policy expires. You may contact an insurance company directly, or work with a licensed insurance agent to obtain new insurance from a company that the insurance agent represents.

If no insurance company is willing to insure you, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply to the plan. If you apply for insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the insurance coverage that was not renewed.

This notice shall not be deemed a refusal under Section 113D of chapter 175 of the General Laws of the commonwealth of Massachusetts to issue a motor vehicle liability policy or to execute a motor vehicle liability.

This notice does not replace any other previous cancellation notice(s) which may have been sent.

Occidental Fire & Casualty Company
PO Box 13119, Scottsdale, AZ 85267

By: Steven Andrews
Authorized Representative

AUTOMOBILE INSURANCE APPLICATION

Agent: _____ Customer Service: (800) 233-1880
 Claims Service: (800) 223-5994
 Online Service: www.occiquote.com

Applicant: _____ Policy #: _____
 Effective Date: _____, ____ AM or PM
 Expiration Date: _____, 12:01 a.m.
 Phone: _____
 Email: _____

DRIVER INFORMATION						
LIST ALL MEMBERS OF THE HOUSEHOLD 15 YEARS AND OLDER AND ANY OTHER OPERATOR(S)						
Name	D/O/B	MS/G	License #	Date First Licensed	SR22: Case #/SS #	Driver Training Y/N

ACCIDENT/VIOLATION HISTORY	

VEHICLE INFORMATION			
Year/Make/Model	V.I.N.	Sym.	Lienholder/Additional Interest

COVERAGE SELECTIONS & PREMIUMS						
COVERAGES	VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 3	VEHICLE 3	VEHICLE 3
Bodily Injury						
Optional BI						
Property Damage						
Personal Injury Protection						
Medical Payment						
Uninsured Coverage						
Underinsured Coverage						
Collision						
<i>Waiver of Deductible</i>						
Comprehensive						
Other than Collision						
Glass Coverage						
Road Protection						
Subtotal						

	Policy Fee: \$25.00	SR22 Fee: \$0.00
Total Policy Cost:	Down Payment:	Monthly Installments:

Veh	Terr	Class	Use	Pts.	Passive Restraint	Anti-Lock	Anti-Theft	Class 15 discount	Annual Mileage	Paid in Full	Unv. MVR	Special Risk
1												
2												
3												

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Underwriting Questions	Y/N	Explanations
1. Have there been any Comprehensive or Personal Injury Protection claims in the past three years, not listed above?		
2. Has the named insured or any listed operators been convicted of vehicular homicide, auto related fraud, auto theft, or DUI of alcohol or drugs, not listed above?		
3. Is the named insured/registered owner excluded or not listed as a driver? If yes, please explain why.		
4. Do you presently owe any motor vehicle premium, payable in the last 12 months?		
5. Are there any household members, not listed on this policy, who currently have a license or permit but DO NOT have a Massachusetts personal automobile policy? If yes, they must be added to this policy as a driver or excluded.		
6. Are there any household members not listed on this policy but on another policy or have their own Massachusetts personal automobile policy? If yes, please provide their insurance carrier name and policy number.		
7. Is any auto used to transport (To or from work or school): A. Fellow employees, passengers or students, for a fee? B. Persons employed by you?		
8. Is any listed vehicle equipped with customized furnishings, equipment, or electronics that are permanently installed but not in locations used by the auto manufacturer for such equipment? If yes, custom equipment is not covered.		
9. Is any auto used or registered as a commercial vehicle? If yes, the vehicle(s) are unacceptable.		
10. Are any auto(s) to be insured, titled with a salvage title issued by the Mass Registry of Motor Vehicles? If yes, please indicate. (Salvage title vehicles are not eligible for Physical Damage Coverage)		
11. Does any auto listed on the policy have body/fender damage or broken/cracked glass? If yes, please list.		
12. <u>Have you ever been insured with Occidental? If yes, please provide the prior policy number.</u>		

NAMED DRIVER EXCLUSION

It is agreed that the person named below will not operate the vehicles(s) described below, or any replacement thereof, under any circumstances whatsoever.

Name & Date of Birth of Excluded Driver(s): _____

Vehicle Description: _____

I am aware that under the terms of my Massachusetts Automobile Insurance Policy, if I, or someone on my behalf, provides false, deceptive, misleading or incomplete information in any application or policy change request, and if such false, deceptive, misleading or incomplete information increases the company's risk of loss, the company may refuse to pay claims under any or all of the Optional Insurance Parts of this policy. Such information includes the description and the place of garaging of the vehicles to be insured, the names of all household members and customary operators required to be listed and then answers given for all listed operators. Payments under Compulsory Insurance Parts may also be limited to those amounts that the company is required to sell.

In addition, I am aware Massachusetts law requires that the company withhold payment of a Collision or Limited Collision loss if the insured auto is being operated by a household member who is not listed as an operator on my policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on my policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on my policy under the Merit Rating Plan.

Applicant's Signature: _____ Date: _____

Excluded Operator's Signature: _____ Date: _____

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NEVER BEEN LICENSED DRIVER STATEMENT

I declare that _____, a resident of my household who is of legal driving age, does not have a driver's license, whether valid, suspended or revoked, in any state.

Applicant's Signature: _____

Date: _____

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INTERNET PAYMENT AUTHORIZATION & CUSTOMER RECEIPT

I authorize Occidental Fire & Casualty Company of North Carolina and/or its assigns, to use Electronic Funds Transfer (EFT), a bank draft, or my credit/debit card for an insurance premium payment across the Internet for the amount of \$_____.

This authorization applies to this one payment only. This payment is to be applied to policy #: _____.

Account Identification: _____

Payee Name _____

Payee Signature _____

Date _____

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IMPORTANT NOTICE TO APPLICANT AND APPLICANT'S STATEMENT

I apply to the Company for a policy of insurance based upon the information I have supplied and the statements I have made herein. I agree that if such information is false, misleading, or would materially affect acceptance of the risk by the Company, or if the payment for this policy made by me or on my behalf (except by the agent or broker), is not honored by the payer (bank), coverage may be canceled.

I understand that if my premium check, intended to be the down payment or full payment, is returned unpaid by the bank, the policy will be null and void, with appropriate notification, and I will be subject to applicable fees.

If information developed by the Company indicates there should be a different classification or premium than indicated above, I authorize the Company to endorse or issue the policy to reflect the proper rate(s) and terms.

I declare that all the statements contained in this application are complete and true to the best of my knowledge as to this date. I understand that the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

Applicant's Signature: _____

Date: _____

The information contained in this application is as told to me by the applicant and is true and complete to the best of my knowledge.

Brokering Agent's Signature: _____

Date: _____

Print/Type Brokering Agent's Name: _____

Massachusetts License #: _____

SIX-MONTH TERM POLICY NOTIFICATION

You are electing to purchase a six-month term policy with Occidental Fire & Casualty Co. A six-month term policy is shorter than a twelve-month policy; a six-month term policy will have a premium that is half as much as a twelve-month term policy. Approximately 30 days before the policy expiration date, the Company will send a renewal offer classified and rated in accordance with the underwriting and rate guide in use at the time of renewal.

This notification does not limit the terms and conditions of coverage provided under this policy in any other manner.

(PA 16 17 01 10)

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I declare that _____, a resident of my household who is of legal driving age, does not have a driver's license, whether valid, suspended or revoked, in any state.

Applicant's Signature:

Date:

AUTOMOBILE POLICY DECLARATIONS

Policy Number:
 Policy Period:
 Effective:

Representing
 OCCIDENTAL FIRE & CASUALTY
 COMPANY OF NORTH CAROLINA

COVERED VEHICLE(S):

VEHICLE 1:

Year Sym Description

Vehicle ID Number:

~~Registration Plate Number:~~

Driver: Terr:

Garage Location:

Loss Payee/Lessor:

VEHICLE 2:

Year Sym Description

Vehicle ID Number:

~~Registration Plate Number:~~

Driver: Terr:

Garage Location:

Loss Payee/Lessor:

VEHICLE 3:

Year Sym Description

Vehicle ID Number:

~~Registration Plate Number:~~

Driver: Terr:

Garage Location:

Loss Payee/Lessor:

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DRIVER(S) LISTED ON THIS POLICY:

DRV	Driver Name	DOB	Sex	MS	Drv Lic	SR-22	Driver Pts
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1.

2.

3.

EXCLUDED DRIVERS:

POLICY ENDORSEMENTS: (FORMS, ENDORSEMENTS, AND EXCEPTIONS TO CONDITIONS APPLYING TO THIS POLICY ARE SHOWN BELOW)	DISCOUNTS / SURCHARGES:
COUNTERSIGNED:	DATE: BY: Authorized Representative

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PA 16 08 ~~09 13~~

| PA 16 08 09 13

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Occidental Fire & Casualty Company
 PO Box 13119, Scottsdale, AZ 85267-3119

Installment Bill

Due Date:
 Minimum Due:
 (Including Fees & Past Due Amounts)

Remaining Balance:
 Policy #:
 Policy Period:

Agent Name & Phone #:

~~**THANK YOU FOR YOUR PAYMENT.**~~

Include this portion of the premium notice when mailing payment. Please write your policy number on your check.

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Policy #
 Premium Due:
 Service Fee:
 Late Fee:
 NSF Fee:
 Other Fee:
 Past Due Amount:

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PAYMENT OPTIONS

- Pay online at: www.occiquote.com
- Call 800-233-1880 (7am to 4pm Mountain Standard Time, Monday through Friday)
- Mail payment to: *Occidental Fire & Cas. PO Box 13119, Scottsdale, AZ 85267*

This installment bill does **not** replace any other bill or cancellation notice(s).
 This bill **does not** guarantee that a payment will reinstate your policy if it has cancelled.

For questions or changes to your policy, please contact your Agent at:

~~online payments: www.occiquote.com~~

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PAYMENT TIPS

- ~~Pay online with check, debit card, Visa or MasterCard at:~~

~~www.occiquote.com~~

- ~~Call 800-233-1880 (7am to 4pm Mountain Standard Time, Monday through Friday)~~
- ~~Mail payment to: Occidental Fire & Cas. PO Box 13119, Scottsdale, AZ 85267~~

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PAYMENT TIPS

To avoid delays or cancellation of your policy:

- Pay online at: www.occiquote.com
- ~~Call 800-233-1880 (7am to 4pm Mountain Standard Time, Monday through Friday)~~
- Always include the return portion of your notice when mailing a payment
- Write your policy number on your check
- Allow additional time for mailed payments
- ~~Avoid extra charges – make your payment on time.~~
- ~~If your bank does not honor your check, both the bank and the insurance company will charge you fees for the additional handling.~~
- ~~Dishonored checks can hurt your credit rating.~~
- Mail your payment to: Occidental Fire & Casualty
 P.O. Box 13119
 Scottsdale, AZ 85267-3119

~~Avoid extra charges – make your payment on time. If your bank does not honor your check, both the bank and the insurance company will charge you fees for the additional handling. Dishonored checks can hurt your credit rating.~~

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Please contact your agent with questions or changes to your policy.

OCcidental FIRE & CASUALTY COMPANY OF NORTH CAROLINA

RENEWAL OFFER PREMIUM NOTICE

PA 15 84 09 13

Print Date:

Policy Number:

Producer:

Policy Number:

Insured:

Due Date:

MINIMUM DUE:

POLICY BALANCE:

Make check payable and mail to:

Occidental Fire & Cas. Co. of NC
PO Box 13119
Scottsdale, AZ 85267-3119

Include the top portion of the renewal offer premium notice when mailing your payment. Please write your policy number on your check.

Policy Period:

- PREMIUM:
M.G.A. FEE:
SERVICE FEE:
LATE FEE:
PAST DUE AMOUNT:
SR FEE:
POLICY FEE:
NSF FEE:
MINIMUM DUE:

AMOUNT DUE IF PAID IN FULL:

This RENEWAL OFFER is contingent upon receipt of payment. Changes processed on or after the date of mailing of this offer are not included in the premium shown on this offer.

Our records currently indicate the following drivers and vehicles are being insured by this policy. IF YOU FAIL TO TELL US ABOUT OTHER DRIVERS OR VEHICLES, A CLAIM AFTER THIS DATE MAY BE DENIED.

Table with 7 columns: Insured Operators, DOB, Class, Points, SR22, Surcharges, Discounts

Table with 8 columns: Insured Vehicles, BI, PD, Vehicle Coverages (UM, PIP, COMP, COLL, RPC)

to pay your bill online visit WWW.OCCIQUOTE.COM or CALL 800-233-1880

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Print Date: Thank you for your payment. Return this bill with your payment.¶
Producer: ¶
Policy Number: ¶
Due Date: ¶
MINIMUM DUE: ¶
POLICY BALANCE: ¶
visit WWW.OCCIQUOTE.COM to pay your bill online or CALL 800-233-1880
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For additional details and options, please contact your agent.

PLEASE CALL YOUR AGENT IF YOU HAVE ANY QUESTIONS REGARDING THIS BILL or YOUR INSURANCE.
IF YOU HAVE MOVED AND IT IS NOT CONVENIENT TO CONTACT YOUR AGENT PLEASE COMPLETE THE FOLLOWING.

MY NEW ADDRESS IS: POLICY NUMBER: _____
STREET _____ APT # _____
CITY _____ STATE _____ ZIP CODE _____
COUNTY _____ RESIDENCE PHONE (____) _____
BUSINESS PHONE (____) _____
____ INSIDE CITY LIMITS ____ OUTSIDE CITY LIMITS ____ PERMANENT
____ TEMPORARY If temporary, how long do you expect to be at this address? _____
Do you plan to return your former permanent address? ____ YES ____ NO

SIGNATURE _____ DATE _____

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Explanation of Form Changes 2013

- PA 15 84 09 13 – Renewal Offer Premium Notice (replacing PA 15 84 09 07):
The NSF fee and Policy fee was added to the fee list on the first page of the renewal offer. The format of the form was changed to better match up with envelope when mailing out.
- PA 16 02 09 13 – Notice of Non Renewal (replacing PA 16 02 04 09):
The wording “cancelled or” was removed from notice to only reflect “Your policy is being non-renewed due to:” Added the following statement at the bottom of the notice, “This notice does not replace any other previous cancellation notice(s) which may have been sent.” The authorized representative has been changed.
- PA 16 03 09 13 – Legal Notice of Cancellation (replacing PA 16 03 04 09):
Added the following statement at the bottom of the notice, “This notice does not replace any other previous cancellation notice(s) which may have been sent.” . The authorized representative has been changed.
- PA 16 04 09 13 – Legal Notice of Cancellation for Non-Payment (replacing PA 16 04 04 09):
Added the following statement at the bottom of the notice, “This notice does not replace any other previous cancellation notice(s) which may have been sent.” The authorized representative has been changed.
- PA 16 06 09 13 – Application (replacing PA 16 06 07 12):
A twelfth question was added to the Underwriting Questions asking, “Have you ever been insured with Occidental? If yes, please provide the prior policy number. On the second page of the application the vehicle description, Excluded operator signature, and form number were added to the Named Driver Exclusion section. On the third page of the application the Six-Month Term Policy Notification was added to application in the event a six month policy is written. In the event a twelve month policy is written this section will not appear on the application.
- PA 12 15 09 13 – Installment Notice (replacing PA 12 15 01 08):
Removed the wording “THANK YOU FOR YOUR PAYMENT” on the first page of the installment notice right below the agent name and phone number. This is confusing our insured’s as to whether they made their payment or not so we are removing. Under fees change FHCF fee to Other fee as we do not have fee in Massachusetts. Also combined payment tips and policy options together on the second page.
- PA 16 08 09 13 – Declaration Page (replacing PA 16 08 01 10):
Added the following wording at the bottom of first page underneath coverages: “Should YOU have any inquiries concerning this policy or assistance is needed please call your Producer at:” On the second page of the declaration page removed Registration Plate Number underneath Vehicle ID Number, as we are not collecting this information.

Occidental Fire & Casualty Company
PO BOX 13119, SCOTTSDALE, AZ 85267

LEGAL NOTICE OF CANCELLATION FOR NON-PAYMENT
Massachusetts

Insured:
Address:

Agent Name:
Agent Number:
~~Phone Number:~~

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Date of Notice:

Policy#:

Effective date of Cancellation: , 12:01am

AMOUNT DUE: \$

~~Vehicle Year Vehicle Make Vehicle Model V.I.N.~~

Deleted: Vehicel Year/Make/Model: . . . Vehciel Year/Make/Model: . . . Vehicle Year/Make/Model: V.I.N. # 1: . . . V.I.N. # 2: . . . V.I.N. #3:

Specific Reason(s) for Cancellation (Company must specify the particular reason(s) and must state the substance of the matter(s) relied on for cancellation):

[NON-PAYMENT OF INSURANCE PREMIUM FOR THE POLICY IDENTIFIED ABOVE.

You are hereby notified that the Massachusetts Motor Vehicle Liability Policy, herein designated, issued to you by the above company is hereby cancelled in accordance with its terms, such cancellation to become effective at 12:01 A.M. on the effective date of cancellation stated above.

Section 113A of Chapter 175 of the General Laws, as amended, requires 20 days advance written notice of cancellation.

The Premiums earned on this policy to the effective date of cancellation will be adjusted to accordance with the terms of the policy.

In accordance with the provisions of Section 113A of Chapter 175 of the General Laws, as amended, notice of this cancellation will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancellation stated above.

This cancellation notice does not replace any other previous cancellations notices(s) which may have been sent.

[This cancellation will not take effect if the full amount due shown above is paid on or prior to the effective date of cancellation.]

By: Steven Andrews
Authorized Representative

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IMPORTANT NOTICE: Please read carefully the information below which outlines your legal rights under the compulsory insurance law relative to this cancellation.

INFORMATION ABOUT MINIMUM INSURANCE REQUIREMENTS

Massachusetts law requires that every motor vehicle registered in Massachusetts carry minimum motor vehicle liability insurance. The Registrar of Motor Vehicles will revoke your registration and license plates on the effective date of cancellation shown in this notice unless:

1. You reinstate your required minimum motor vehicle insurance; or
2. Before the date of cancellation shown in this notice you obtain minimum motor vehicle insurance from another insurance company. The new insurance company must notify the Registrar before the date of cancellation in this notice that it has insured your motor vehicle.

If you are unable to obtain motor vehicle insurance from another insurance company, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply for motor vehicle insurance through the plan. If you apply for motor vehicle insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the coverage that was not renewed; or

3. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at www.mass.gov/doi or can be obtained by calling the Division's Consumer Service Section at 617-521-7777.

Unless one of the three above actions occurs, the registration for your motor vehicle will be revoked on the effective date of cancellation shown in this notice.

Occidental Fire & Casualty Company
***** LEGAL NOTICE OF NON-RENEWAL *****
Massachusetts

Insured:
Address:

Agent Name:
Agent Number:
~~Phone Number:~~

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Date of Mailing:

~~Policy#:~~

Policy Expiration Date: , 12:01am

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~~Vehicle Year Vehicle Make Vehicle Model V.I.N.~~

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¶
Vehicle Year #2: . . . Vehicle Make #2: . . . V.I.N. #2:¶
¶
Vehicle Year #3: . . . Vehicle Make #3: . . . V.I.N. #3:

You are hereby notified in compliance with the terms and conditions of your insurance policy and according to the law that your insurance policy will terminate/expire on the Notice Effective Date listed above.

Massachusetts Law provides that no insurance company shall refuse to renew a motor vehicle liability policy based on the ownership or operation of a motor vehicle because of age, sex, race, occupation, marital status or principal place of garaging of the vehicle.

Your policy is being ~~cancelled or~~ non-renewed due to:

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IMPORTANT NOTICE TO POLICYHOLDERS

You must have compulsory motor vehicle insurance in order to keep your motor vehicle registered in Massachusetts. We have notified the Registrar of Motor Vehicles and you of our intent to non-renew your motor vehicle insurance policy.

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You must replace your policy as soon as possible. The Registrar of Motor Vehicles will cancel your motor vehicle registration if it does not receive a new certificate of insurance covering your motor vehicle before your current policy expires. You may contact an insurance company directly, or work with a licensed insurance agent to obtain new insurance from a company that the insurance agent represents.

If no insurance company is willing to insure you, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply to the plan. If you apply for insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the insurance coverage that was not renewed.

This notice shall not be deemed a refusal under Section 113D of chapter 175 of the General Laws of the commonwealth of Massachusetts to issue a motor vehicle liability policy or to execute a motor vehicle liability

[This notice does not replace any other previous cancellation notice\(s\) which may have been sent.](#)

Occidental Fire & Casualty Company
PO Box 13119, Scottsdale, AZ 85267

[Steven Andrews](#)
Company Representative

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**Occidental Fire & Casualty Company
PO BOX 13119, SCOTTSDALE, AZ 85267**

**LEGAL NOTICE OF CANCELLATION
Massachusetts**

Insured:
Address:

Agent Name:
Agent Number:
~~Phone Number:~~

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Date of Notice:

~~Policy#:~~

Effective date of Cancellation: 12:01am

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~~Policy#:~~

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V.I.N. # 1: V.I.N. # 2: V.I.N. #3:

Vehicle Year Vehicle Make Vehicle Model V.I.N.

Specific Reason(s) for Cancellation (Company must specify the particular reason(s) and must state the substance of the matter(s) relied on for cancellation):

[NON-PAYMENT OF INSURANCE PREMIUM FOR THE POLICY IDENTIFIED ABOVE.]

You are hereby notified that the Massachusetts Motor Vehicle Liability Policy, herein designated, issued to you by the above company is hereby cancelled in accordance with its terms, such cancellation to become effective at 12:01 A.M. on the effective date of cancellation stated above.

Section 113A of Chapter 175 of the General Laws, as amended, requires 20 days advance written notice of cancellation.

The Premiums earned on this policy to the effective date of cancellation will be adjusted to accordance with the terms of the policy.

In accordance with the provisions of Section 113A of Chapter 175 of the General Laws, as amended, notice of this cancellation will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancellation stated above.

This Cancellation notice does not replace any other previous cancellation notice(s) which may have been sent.

By: Steven Andrews
Authorized Representative

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IMPORTANT NOTICE: Please read carefully the information below which outlines your legal rights under the compulsory insurance law relative to this cancellation.

INFORMATION ABOUT MINIMUM INSURANCE REQUIREMENTS

Massachusetts law requires that every motor vehicle registered in Massachusetts carry minimum motor vehicle liability insurance. The Registrar of Motor Vehicles will revoke your registration and license plates on the effective date of cancellation shown in this notice unless:

1. You reinstate your required minimum motor vehicle insurance; or
2. Before the date of cancellation shown in this notice you obtain minimum motor vehicle insurance from another Insurance company. The new insurance company must notify the Registrar before the date of cancellation in this notice that it has insured your motor vehicle.

If you are unable to obtain motor vehicle insurance from another insurance company, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply for motor vehicle insurance through the plan. If you apply for motor vehicle insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the coverage that was not renewed; or

3. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at www.mass.gov/doi or can be obtained by calling the Division's Consumer Service Section at 617-521-7777.

Unless one of the three above actions occurs, the registration for your motor vehicle will be revoked on the effective date of cancellation shown in this notice.